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The Economic Benefits of Rehabilitation for the Mentally Retarded

**Social Policy Analysis
The Use of Social Indicators**

When Recipients Provide Social Services

U.S.
DEPARTMENT
OF HEALTH,
EDUCATION,
AND WELFARE

Social
and
Rehabilitation
Service

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The Economic Benefits of Rehabilitation for the Mentally Retarded

James F. Garrett

Bertram W. Griffis

Today, when so many demands are being made on the Federal Government, the question of return on the tax dollar becomes critical. Formal cost-benefit analysis is often invoked, but it has many pitfalls and is only as good as the assumptions on which it rests and the data fed into the models used. Still it can be very useful in planning programs, setting priorities, allocating tax dollars, and making program people sensitive to the tangible economic benefits that must justify their activities. And it can be very useful in administering social service programs, including rehabilitation programs for mentally retarded persons.

Our purpose here is not to do a formal cost-benefit analysis of rehabilitation programs for mentally retarded persons. Data are not readily available for such analysis. Rather we shall present evidence, mostly from research, of the economic soundness of rehabilitating retarded persons. The human benefits both to the persons rehabilitated and to society cannot, of course, be measured in dollars and cents. They lie in the principles of Western civilization and of American democracy and in the belief that every man is of value in himself and that it is to his best interest and to society's to help him develop to his full potential.

There are over 6 million mentally retarded persons in the United States, of whom 5.3 million are *mildly* retarded (IQ 52-67), 360,000 *moderately* retarded (IQ 36-51), 310,000 *severely* retarded (IQ 21-35), and 90,000 *profoundly* retarded (IQ 0-20).[1] *Mildly* retarded persons are usually able to acquire the social and vocational skills needed for minimum self-support. *Moderately* retarded persons can contribute partly to self-support, but only under sheltered conditions (that is, in a workshop run under noncompetitive conditions by a public or private service agency). *Severely* retarded persons can at best contribute only partly to self-maintenance and not at all to self-support because they need a great deal of care. *Profoundly* retarded persons cannot help themselves and require constant nursing care.

Thus each group of mentally retarded persons poses specific problems. Some mentally retarded persons need help toward competitive employment, some toward sheltered employment; others must be institutionalized. Education and training programs in public and special schools are required to meet the needs of those who are trainable. But institutions must also provide rehabilitation to the extent possible.

It is good economics to rehabilitate as many mentally retarded persons as possible. Institutional care is very expensive, running as high as $100,000 over a person's lifetime (from $2,000 to $10,000 a year). In 1968 over 275,000 children and adults were receiving institutional care because they were mentally retarded. The costs of building new custodial facilities are getting out of hand, running from about $10,000 to $40,000 per bed space.[2]

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This article is based in part on an address given by Dr. Garrett before the First Caribbean Mental Retardation Conference, held at Kingston, Jamaica, Sept. 6-9, 1970. The Conference was sponsored by the Jamaican Association for Mentally Handicapped Children and the President's Committee on Mental Retardation.

Comparable amounts spent on rehabilitating children and adults and, in some instances, for foster care for children[3] can be much more rewarding, both economically and humanely. Providing foster care for children costs about a fifth as much per child as does institutional care.

What the Nation spends . . . and HEW's share

Though much remains to be done, much is being done for the mentally retarded. The Nation spends in the billions each year to help rehabilitate and care for all kinds of mentally retarded persons through education, money payments, and institutions.

In 1968 all types of special education programs for mentally retarded persons cost over a billion dollars and served about 625,000 mentally retarded persons at any point in time. This equals about $1,600 per person. Regular public school classes served around 670,000 mentally retarded persons at a cost of $550 million ($826 per person). About 235 clinics for mentally retarded persons served 66,000 patients at a cost of $13 million, and outpatient psychiatric clinics served 47,000 patients at a cost of $11 million. State and Federal vocational rehabilitation service programs cost $51 million. Sheltered workshops served about 26,000 mentally retarded persons at a cost of $26 million.

In addition, transfer payments (Federal income maintenance, in effect) to mentally retarded persons in 1968 amounted to $240 million–$115 million in public assistance as aid to the permanently and totally disabled (APTD) and $125 million from trust funds (social security benefits for disabled minors and the like).[4]

Institutional residential care for 275,000 mentally retarded children and adults cost $1.2 billion in 1968. If only a small portion of these persons–say 10 percent–could be placed in foster homes, the saving would be substantial, for the direct cost of foster care is only about a fifth to a sixth that of institutional care.

The U.S. Department of Health, Education, and Welfare (HEW) spent $566.5 million for the rehabilitation of the mentally retarded in fiscal year 1970 (July 1, 1969-June 30, 1970). Broken down by constituent agencies, the total reads this way:

Office of Education, $75 million, mainly for services, training, development of professional workers, and research.

Social Security Administration, $140 million for income maintenance.

Health Services and Mental Health Administration, $33.5 million, mainly for maternal and child health services and for various forms of training.

Social and Rehabilitation Service (SRS), $282 million: $75 million for income maintenance, $65 million for vocational rehabilitation, $114 million for other services, $17.5 million for construction of facilities and workshops, $4 million for training professional and supportive workers, $4.3 million for research, and $1.7 million for direct operations.

National Institutes of Health, $35 million for research and training.

Research on rehabilitating the mentally retarded

Vocational rehabilitation, as the term is used here, means a process providing a variety of services designed to restore disabled persons to their highest possible level of functioning, primarily in the vocational sphere of life but secondarily in the physical, psychological, and social spheres as well.

Between 1955 and 1970, the Rehabilitation Research Branch of the Division of Research and Demonstrations, SRS (formerly part of the old Vocational Rehabilitation Administration), supported 105 vocational rehabilitation projects for the mentally retarded. In the same time span the Vocational Rehabilitation Administration and SRS also supported 80 selected demonstration projects designed to encourage agencies to incorporate into continuing service programs a variety of new practices that had proved their worth. Of these 80 projects 46 demonstrated occupational training centers for the mentally retarded, 26 provided special education services plus vocational rehabilitation, and eight set up work-experience training programs for mentally retarded young persons in their last year of school. These demonstrations were based on successful prototypes, and the services they offered have become part of regular SRS programs.

VRA and SRS research on mental retardation has been heavily applied, practical, and vocational. It has sought directly or indirectly to make retarded persons vocationally productive. Thus all of it has been concerned in one way or another with economic returns.

The three groups of selected demonstrations (80 projects) have had a direct educational, training, vocational, and placement effect. The services and programs they demonstrated have been extensively adopted by the agencies who conducted them as permanent activities

that multiply economic returns by providing vocational rehabilitation for the mentally retarded.

The major fields of concern of 84 of the 105 "regular" research and demonstration projects were as follows:

Field of concern	Number of projects
Development of comprehensive vocational programs for mentally retarded persons, based on assessment of their needs and available community resources (includes three employment projects under Federal Civil Service)	25
Evaluation of personal, social, educational, and vocational characteristics and development of related special training	25
Test development plus study of other vocational predictors	14
Residential centers and halfway houses	6
Design and use of facilities	5
Films for research utilization	5
Analysis and verification of suitability of specific jobs	4
Total	84

The remainder of the 105 research projects dealt with such topics as attitudes toward the mentally retarded; research needs and the development of better research; longitudinal vocational followup; the contributions of parents; training of volunteers to work with the mentally retarded; the university's role in vocational rehabilitation for the mentally retarded; the use of independent training resources; placement; recreation; social training and development; practical training in independent living; varieties of sheltered employment; and the production of a mental retardation resource handbook.

Further, the yearly cost of all this research has been modest in relation to the number of persons rehabilitated each year. The amounts spent on research for the mentally retarded since the research program began in the Rehabilitation Research Branch were as follows:

1955	$48,700
1956	97,469
1957	130,919
1958	448,466
1959	523,987
1960	862,091
1961	977,368
1962	1,067,191
1963	1,048,030
1964	2,286,477
1965	3,090,000
1966	3,133,000
1967	2,566,000
1968	1,516,000
1969	984,000
1970	880,000

The number of mentally retarded persons being rehabilitated by the State vocational rehabilitation agencies during each of these same years was as follows:[5]

1955	531
1956	756
1957	1,094
1958	1,578
1959	2,016
1960	2,937
1961	3,562
1962	4,458
1963	5,909
1964	7,206
1965	10,248
1966	14,293
1967	17,724
1968	21,775
1969	26,762
1970	32,700 (estimated)

Also, between 1955 and 1970 the mentally retarded as a percentage of all persons rehabilitated by the State agencies increased from 0.9 percent to 12.5 percent (estimate for 1970). It is also a fact, though it could be a coincidence, that soon after HEW's research program got well underway the number of mentally retarded persons rehabilitated began to increase markedly and has continued to rise even though expenditures for research in mental retardation have declined since 1967.

This brief summary of VRA and SRS research in mental retardation shows that the research has been practical and vocational and has apparently infused better practices into regular programs. It also shows that the cost of the research and demonstrations has been modest and that the number of mentally retarded persons rehabilitated began to increase rapidly soon after the research got underway.

The cost-benefits of vocational rehabilitation

A major difficulty in presenting the economic benefits from vocational rehabilitation programs for the mentally retarded is that the meager data we have are not broken down by specific disability groups. Still they may be instructive, on the assumption (for which there is evidence) that mentally retarded persons are perhaps average or better compared to other disability groups in returning benefits from rehabilitation. In 1965 Ronald W. Conley, in a doctoral study on the economics of

vocational rehabilitation,[6] "divided annual program costs" into the "estimated present value of future outputs due to each year's rehabilitations" and concluded that "each dollar expended by rehabilitation agencies set in motion or maintained a stream of future outputs worth at least $10 and perhaps as much as $17" (pp. 81-82).

Conley further remarks that the "best approach (to 'the net material benefits and costs for each subgroup') would be to compare differences in the accomplishments of one group which had been provided rehabilitation services with another similar group which had not. There is, however, a dearth of carefully controlled studies of this nature, and what is available could not be used with any degree of confidence in evaluating the rehabilitation program" (p. 60). The shortcomings he mentions justify the complex assumptions and estimates that must be used in benefit-cost models.

In 1967 Lawrence Mars, using different assumptions, made an exploratory cost-benefits analysis of vocational rehabilitation.[7] He found that persons rehabilitated during fiscal year 1966 "will experience an increase of $35 in earnings and value of work activity over their working lives for every dollar expended on them." His figures were not broken down for the mentally retarded.

A rehabilitation project in Wood County, Wis., supported by an SRS grant and conducted from July 1964 to October 1969, was designed to establish that the vocational rehabilitation process, "so successful over a half century with the disabled," could be profitably and successfully extended not only to more physically handicapped persons but also to culturally disadvantaged persons. The project included a benefit-cost analysis of the outcome of services for project subjects, based on followup 6 months after closure. Using the same model as the Mars study, the researchers compared benefits ("increased lifetime earnings attributable to vocational rehabilitation") with the cost of services and derived benefit ratios for various groups of persons in Wood County. For all mentally retarded persons, the ratio was 30 to 1 (28 to 1 for mentally retarded persons working for wages and 44 to 1 for mentally retarded homemakers), compared to 23 to 1 for the physically handicapped and 22 to 1 for the emotionally ill.[8]

Recently (1969) Conley brought his cost-benefit study up to date.[9] Using a more conservative method than in his 1965 report, he concluded that program costs incurred in Federal and State agencies substantially understate total costs of rehabilitation services. Specifically, he reduced program costs by 9 percent—7 percent to allow for maintenance paid because such support is a transfer payment and not a true "social" cost (that is, not a net monetary cost to society) and 2 percent to allow for year-end carryovers in an expanding program. And he *in*creased program costs by 51 percent—4 percent to allow for the costs of services provided by other agencies, 22 percent because about one in five rehabilitated persons becomes a repeater, and 25 percent to cover research, demonstrations, and training. He also added to program costs the earnings lost during the rehabilitation process. Thus, to estimate the true social cost of rehabilitation, he increased program costs by more than 42 percent.

Conley also used as a base for computing gains estimated earnings over a full year before acceptance for services rather than for the week just before acceptance. As the former rate of earnings was more than twice the latter, his estimate of gain is very conservative.

Thus, using what he called a "generous estimate of social cost compared with a conservative estimate of social gain," Conley came out with benefit-cost ratios for rehabilitated persons in 1967 of 7.9 to 1, 4.8 to 1, and 3.3 to 1, depending on whether estimated increases in lifetime earnings were undiscounted, discounted at 4 percent, or discounted at 8 percent (discounting was to give "present value of future earnings"). Although smaller than the previous ratios, these ratios still represent very good returns on the social investment.

Conley also estimated that the yearly *increase* in Federal income taxes returned by rehabilitated persons rose from $9.4 million in 1961 to $29 million in 1967 and that the yearly savings in public assistance payments because of rehabilitation rose from $9.6 million to $16.5 million in 1967, giving a net benefit to taxpayers from rehabilitation ranging from $19 million in 1961 to $45.5 million in 1967. He also estimated that it takes in the range of only 3.5 years (1961) to 5.1 years (1967) for taxpayers to recoup their share of rehabilitation costs out of increased Federal taxes paid by rehabilitated persons and lower public assistance payments made to them. He concludes: "Clearly, even to nonrehabilitants, rehabilitation is a profitable undertaking, since the average number of years in which most rehabilitants will work is three to four times the number of years needed to repay taxpayers." He summarizes the benefits from those rehabilitated in fiscal year 1967 as follows:

> More than 170,000 disabled persons were rehabilitated through the State-Federal vocational rehabilitation program in fiscal year 1967. A conservative estimate of their increased lifetime earnings is about $4.7 billion, about $8 for each dollar of the social cost of rehabilitation services. If we discount these future increased

earnings at 4 percent, the latter figure falls to a little less than $5. Taxpayers share substantially in these earnings, as the increased taxes paid by the rehabilitants and the reduction in tax-supported payments for their maintenance amount to perhaps as much as 25% of the total increase in earnings. Since rehabilitants with the highest earnings at closure also tend to be those with the highest earnings at acceptance and are the most expensive to rehabilitate, we are led to the surprising conclusion that from the standpoint of economic efficiency, it may be as desirable to rehabilitate the less productive disabled as the more productive [that is, the less productive disabled person costs less to rehabilitate, hence may give as good a net gain as the others].

How do mentally retarded persons compare with other handicapped persons in returning benefits? Conley gives no separate figures, but he does note that training costs for mentally retarded persons in Maryland were less than a fourth the average for all rehabilitated persons. We know that the average mentally retarded person is younger than other handicapped persons when rehabilitation is completed and thus has more years to work. The benefits from rehabilitating the mentally retarded should also be considered in relation to Conley's "surprising conclusion" that "from the standpoint of economic efficiency, it may be as desirable to rehabilitate the less productive disabled as the more productive."

In 1969 SRS' Division of Statistics and Studies did a study of earning-cost ratios for selected groups of mentally retarded persons for fiscal year 1967.[10] The study included only direct case services costs, which are only part of total program costs and, thus, only part of total social costs. The increase in annual rate of earnings from acceptance to closure was divided by direct case services costs.

The results showed an average annual earnings-cost ratio of 3.58 to 1 for all groups of rehabilitated persons; that is, for every thousand dollars spent on case services for fiscal year 1967, there was an increase of $3,580 in the rehabilitants' earnings. This ratio is not, of course, a conventional cost-benefit ratio. Still it shows the remarkable ability of the vocational rehabilitation process to generate impressive increases in earnings in a short span of time for every dollar spent on case services.

But the real importance of this study lies in the ratios found for different groups of rehabilitants. They ranged from 2.2 to 1 for the blind to 10.4 to 1 for alcoholic persons. For mentally retarded persons the ratio was 4.7 to 1, which is above the average for all rehabilitated persons.

Thus we have evidence here, and from the Wood County Project and Conley's conclusions, that benefit ratios for mentally retarded persons are at least as high as the average for all rehabilitants, and probably higher, and that the size of the benefits fully warrants our best efforts.

The Federal employment program

A cooperative program between the U.S. Civil Service Commission and State vocational rehabilitation agencies to encourage Federal agencies to hire the mentally retarded is having good results. It has progressed from temporary to permanent status and is now part of the Federal program to employ the handicapped.

The push toward a Federal program began on February 5, 1963, when President Kennedy's special message to the Congress recommended a broad national program on mental retardation. It gained momentum when Eunice Shriver of the Joseph P. Kennedy, Jr., Foundation chided the Government for not hiring the mentally retarded in a speech given on May 9, 1963, at the annual meeting of the President's Committee on Employment of the Handicapped. A long series of actions culminated on July 30, 1965, in the issuance of a memorandum from the U.S. Department of Health, Education, and Welfare and the U.S. Civil Service Commission to the Civil Service regions entitled "Experimental Effort in Federal Employment of the Mentally Retarded in Selected Metropolitan Areas."

The written agreement requires a statement of agency support; lists of positions, titles, and grades to be assigned; and a statement that before hiring a mentally retarded person, the agency will obtain a certificate from the appropriate State vocational rehabilitation agency that the retarded person can perform the duties of the position, is physically qualified to do so without hazard to himself or others, and is socially competent to maintain himself while on the job. The Federal agency is also committed to full use of the advice and assistance of the State vocational rehabilitation agency regarding supervision, training, and post-placement counseling of the employee and agrees not to end the job or fire the employee without prior notice to the vocational rehabilitation counselor concerned.

The first placement occurred on January 8, 1964, and by December 31, 1968, 42 Federal departments and agencies had executed written agreements with the Civil Service Commission to employ mentally retarded persons. By 1968 about 4,784 placements (1,276 in the District of Columbia and 4,598 in regional offices) had been made. All 50 State vocational rehabilitation agencies had made referrals, and 66 job titles were involved. By the end of 1970 about 7,000 mentally retarded

persons had been placed in Civil Service jobs. About three-fourths of all persons employed under the program have been rated "satisfactory" or "very good" by their supervisors.

The basic policy underlying the program is that quality of placement is more important than sheer numbers and that every good placement of a retarded person in Government is a major achievement that can reduce prejudice and blind resistance to the employment of the mentally retarded and thus help improve opportunities for all retarded persons. The placement process operates through a network of some 3,500 coordinators specially designated by their agencies to facilitate the placement of qualified handicapped and mentally retarded persons in the right jobs. Existing jobs may be redesigned to fit special needs, but no extra jobs are created.

The program has proved that retardation does not mean a complete absence of ability and aptitude, and though a person's intellectual capacity may be retarded, he often has good clerical or mechanical aptitude, manual dexterity, or other vocational assets. Thus a trained retarded worker can often make a greater contribution than an unretarded person who brings no particular skill or ability to a job.

The accession rate is now stabilized at 140 to 150 a month. Only 9 percent of the mentally retarded persons hired under the program have been separated from service for inability to perform or make social adjustments, and their cumulative separation rate from February 1964 through December 1967 was only 28.8 percent, a small figure in comparison with the normal turnover rate in such job classifications. Assuming that 5,000 of the 7,000 persons hired are still employed (7,000 minus 2,030, or about 29 percent) and knowing that their average rating is grade 2, step 3 (that is, the average person has had two annual merit increases at the grade 2 level and the average salary is now $5,223), we find that all persons under the program earn $26,115,000 a year, which is a very good return on the research and planning investment.

THE HUMAN BENEFITS of rehabilitating handicapped persons, as was said earlier, cannot be measured in dollars and cents but lie in human principles. It is likely that many persons in general social welfare work underestimate the human importance of the economic realm out of desire to avoid giving undue weight to anything so crass. This is less true of rehabilitation workers who have always had to fight their way forward against prejudice by demonstrating the economic as well as the human gains from rehabilitation. Unfortunately, research has paid too little formal attention until recently to the economics of rehabilitation and has not gathered enough "hard" data along the way on the good economic effects of rehabilitating the mentally retarded. But the research SRS has supported indicates that rehabilitation for all handicapped persons, including the mentally retarded, is economically sound and that the most economically rewarding choices are also those emphasizing the dignity and worth of each man.

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[1] *IQ figures are from the Association for Retarded Children, Inc., 1963.*

[2]*These data were provided by Ronald W. Conley from his forthcoming study,* The Economics of Mental Retardation, *commissioned by the President's Committee on Mental Retardation.*

[3]*For a discussion of foster family care for mentally retarded children, see Beatrice L. Garrett, "Foster Family Services for Mentally Retarded Children,"* Children, *Jan.-Feb. 1968. See also "Residential Services for the Mentally Retarded: An Action Policy Proposal" (Washington: President's Committee on Mental Retardation), May 1970.*

[4]*Conley, op. cit.*

[5]*These figures are from* Statistical History—Federal-State Program of Vocational Rehabilitation, 1920, 1969 *(Washington: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service), June 1970, pp. 46-47.*

[6]*Conley,* The Economics of Vocational Rehabilitation *(Baltimore: The Johns Hopkins Press), 1965.*

[7]*Lawrence Mars,* An Exploratory Cost-Benefits Analysis of Vocational Rehabilitation *(Washington: U.S. Department of Health, Education, and Welfare; Social and Rehabilitation Service; Rehabilitation Services Administration), Aug. 11, 1967.*

[8]The Wood County Project: An Expanded Program of Vocational Rehabilitation *(Madison: University of Wisconsin), 1969. The data on cost-benefits should be viewed with caution for the benefit ratios obtained are greatly affected by the assumptions and models used, the quality of the data fed the models, inflationary costs, and the agency's standards for rehabilitation. The original report should be consulted. Also, it must be borne in mind that rehabilitation agencies have traditionally worked with well-motivated clients, persons who tend to raise benefit ratios substantially.*

[9]*See footnote 2.*

[10]*"Earnings Cost Ratios for Selected Groups of Clients Whose Cases Were Closed During Fiscal Year 1967,"* Statistical Notes, *No. 14, June 1969 (Washington: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Rehabilitation Services Administration), pp. 1-2.*

Social Policy Analysis

The Use of Social Indicators

Howard A. Palley and Marian Lief Palley

Concern is growing among social policymakers about the need for precise and insightful methods of conducting social policy analysis and measuring the success of social welfare programs. Consequently, a number of social scientists are developing social indicators to provide systematic data on the nature and intensity of such social problems as hunger, ill health, and inadequate housing and to measure the costs and benefits of specific social welfare delivery systems. This article discusses the use and potential use of social indicators. In addition, it discusses a case study using social indicators to examine a social policy issue. Though the issue is racial disorders in U.S. cities, the methods used could be applied just as easily to any number of social policy questions.

The search for methodology

What do we mean by "social indicators"? Bertram Gross and Michael Springer furnish this description:

> A subtle but profoundly significant shift is beginning to take place in the information premises of decisionmaking throughout the country: more explicit attention to transeconomic goals and data. This shift is associated with a variety of efforts to map out and plot courses into our society's future. These maps attempt to outline almost every aspect of our political, social and economic life. The social intelligence required to secure accurate details for these maps may prove to be the most challenging and important tasks facing both the political and academic communities.[1]

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This article is based on a paper given at the 97th Annual Forum of the National Conference on Social Welfare, Section V-Administration, Chicago, Ill., June 1, 1970.

Thus the term "social indicators" means the development of social statistics having the same kind of comparability we expect of economic statistics ("indicators"). An aspect of great potential for the development of such social indicators is social welfare. Little wonder then that *Toward a Social Report,* a study published by the U.S. Department of Health, Education, and Welfare in 1969, tries to define and explain the potential usefulness of social indicators. It says:

> A social indicator . . . may be defined to be a statistic of direct normative interest which facilitates concise, comprehensive and balanced judgments about the condition of major aspects of society. It is in all cases a direct measure of welfare and is subject to the interpretation that, if it changes in the "right" direction, while other things remain equal, things have gotten better, or people are "better off."[2]

The development of social indicators to measure the effectiveness of social policy raises several very real problems. Perhaps the foremost is political.[3] Persons who do not want to widen the role of government in the development of social policy may oppose an increase in knowledge about social welfare conditions and, therefore, oppose the use of social indicators. But conservatives are not the only obstructionists. In the belief that the systematic evaluation of programs may undermine his particular list of priorities, the political liberal may at times oppose the use of social indicators.

Methodology also presents hard problems. It is difficult to develop comprehensive and comparable social welfare data for health, education, and public safety. Another problem is the difficulty of defining and putting into operation the findings of social policy indicators to analyze social policy and to develop future policy. Oftentimes this difficulty is the hurdle keeping policy analysts from developing indicators to measure the effectiveness of social policy.

Government action and social indicators

For whatever reason, the public has not demanded the development of social statistics. Government committees have suggested the compilation of such data, but not one has gathered sufficient steam to have its suggestion accepted. Thus the 1966 Report of the National Commission on Technology, Automation, and Economic Progress, which called for the creation of a system of accounting for the costs and returns of innovations in social policy, the establishment of a "performance budget" for defined social needs, and the development of indicators for economic opportunity and social mobility, fell mostly on deaf ears.[4]

A bill initially called the "Full Opportunity and Social Accounting Act" was introduced by Senator Walter F. Mondale into the 90th and 91st Congresses with little results. It proposed that the President transmit a yearly "social report" (and supplements as necessary) to the Congress. These reports would review the effectiveness of Federal policy in meeting "national social needs"; evaluate State, local, and private efforts to meet social needs; estimate "current and foreseeable (social) needs"; evaluate the effectiveness of current programs and policies; and make recommendations for legislation. The bill also proposed that a council of social advisers be established in the Executive Office of the President to assist the President in the preparation of the report, gather statistics and other information to evaluate programs, and make recommendations regarding social policy to the President. It further proposed that a joint congressional committee be established to study and report to the whole Congress on all matters relating to the social report.

The goals described in *Toward a Social Report* have received little public attention or support.[5] The report argues that a "social report with a set of social indicators could not only satisfy our curiosity about how well we are doing," it could also "improve public policymaking in at least two ways. First, it could give social problems more visibility and thus make possible more informed judgments about national priorities. Second, by providing insight into how different measures of national well-being are changing, it might ultimately make possible a better evaluation of what public programs are accomplishing."[6]

The need for social statistics for determining the effectiveness of social policy is real and pressing.[7] Perhaps the major constructive action that social policy analysts can take to make the collection of such data easier is to continue pressing for its inclusion in Federal systematic data collections. Also the use of available social indicators for social policy analysis could direct attention to the need for the systematic collection of social statistics and subsequent evaluation of social policy questions on the use of such data.

A case study in the use of indicators[8]

In this section we develop a model to demonstrate that the variation in social inequities (that is, the relative deprivation) between Negroes and white persons in the United States is not adequate to explain the occurrence or nonoccurrence of racial disorders in U.S. cities between 1963 and 1967. In addition, the model we have developed can be used with other measurable variables (indicators) to determine whether they might serve as adequate predictors of racial disorders in U.S. cities.

Framework for analysis.—The social welfare indicators we will examine here represent four subjects of frequent and intense protest among U.S. Negro leaders: economic opportunities (as reflected in relative Negro-white income levels); health services (as reflected in relative Negro-white infant mortality rates); educational opportunities (as reflected in relative number of years of schooling for Negroes and white persons); and safety services (as reflected in the level of police protection afforded the two peoples). For the first three variables, we developed Negro-white differentials. For the last we derived a figure of police protection per 1,000 persons in the population. Our hypothesis was this: *the likelihood of racial disorders occurring in an urban Negro ghetto is a linear additive function of an economic status differential, a health care differential, an educational achievement differential, and the level of police protection given both Negro and white urban residents.* These indexes of social welfare were examined for 49 U.S. cities, 30 of which had had racial disorders between 1963 and 1969.[9]

We defined "racial disorders" thus: generalized responses in which there is categorical assault on persons and property by virtue of their racial membership. Such violence is not restricted to and may even exclude the specific antagonists responsible for the precipitating event.[10]

Preliminary analysis.—To arrive at a measure for "economic opportunities," several preliminary steps were necessary. First, we ran a factor analysis to determine whether there was a strong relationship between education, income, and number of families on public assistance. We assumed that these economic conditions would

have a high interrelationship because educational achievement and income are lower for Negroes than white persons and the proportion of families in poverty is higher for Negroes than white persons.

Thus the first step was to develop three variables relating to income, families in poverty, and educational attainment by determining differences between the two races in each case city for each of the three indexes to derive a differential between the average income for Negroes and white persons in each city. A differential figure between the number of white families in poverty and the number of Negro families in poverty was also calculated for each city.[11] We defined a "poor" family as one with four members and an income under $3,000 a year. Similarly, a differential figure between the median number of school years completed for the Negro and the white population was calculated for each city. Median educational attainment was a figure derived from the median number of years of formal schooling completed by Negroes and white persons over age 25 in each city.[12]

On completing a factor analysis of the 49 case cities using the variables of income, poverty, and education, we determined that there was very little relationship between educational attainment for the Negro population and income and number of families in poverty.[13] This finding, though perhaps tangential to the broader study, does point out that the American Negro population lacks economic opportunities (that is, chance for success) regardless of educational level. However, for the study, the reason for conducting this preliminary analysis of data was to determine whether it was necessary to consider poverty, income, and education separately, along with safety and health, in seeking the possible conditions leading to racial disorders. As it was evident that education bore little relationship to poverty or income, the education variable was extracted for separate use. And because the poverty status variable and the income variable appeared, on the basis of the factor analysis, to be part of the same factor, only one of them—the income—was included.[14] Thus we proceeded with the development of the probit model with 49 cities and four variables: economic opportunities, education, health, and safety.

Setting up the model.—In addition to developing variables for economic opportunities and education, health and safety variables were also developed. A differential rate of infant mortality for Negro and white babies in each of the 49 cities was calculated for use as the health variable.[15] Infant mortality data were used because they were readily accessible and indicate the quality of prenatal health care as well as early childhood health care.

The safety variable was the most difficult to develop. For the type of model we were trying to conceptualize, certain types of data were not readily available. Ideally, a variable based on information about the incidence of complaints about police brutality from Negro and white persons might have been developed, but such information was not readily available. Nor was information about civilian review boards available because no large or middle-size U.S. cities had such boards.[16]

Safety services are, of course, provided by groups other than the police. Fire protection might have served as an indicator of safety services. But the number of firemen or fire stations in Negro ghettos or the number of fires in comparison with other sections of a city often merely reflect the conditions of ghetto life, not the adequacy of fire protection services.

We finally settled on the number of police per 1,000[17] persons in the population of each city as the variable for safety services. This variable does not measure differences between the races, as do the other variables included in the factor analysis and in the probit model. Instead it is a general index for each city.

The use of police protection per 1,000 persons in the population seemed especially pertinent to the question of ghetto disorders. First, if a city has many policemen, more are available in all sections of that city, including the Negro ghetto, than in cities with fewer policemen. Second, even when police protection is insufficient, the shortage tends to be greater in poor areas than in the rest of a city.[18] Also the deprivation caused by inadequate police protection is often greater in the Negro ghetto, where a visible foot patrolman may serve as a necessary deterrent to anomic acts of theft and physical assault.

The available data were all aggregate and mostly based on the 1960 U.S. Census of Population. Consequently, the data for income, poverty, and education used in the first factor analysis were based on 1960 conditions in the United States, as were the infant mortality data. The rationale for using 1960 data rests on the assumption that changes in the relative positions of the races between 1960 and 1964-67, the period covered by our study, were not enough to alter the racial differentials we developed. Certainly, income levels rose from 1960 to 1964-67 for both races. However, white incomes rose at least as much as Negro incomes during this period; thus the racial differential did not alter significantly. The median educational level rose for Negroes, but it also rose for white persons. And as far as

infant mortality goes, technology and expanded services have improved the health of both races, probably without altering the disparities. Thus the differentials did not alter significantly from 1960 to 1964-67.[19]

Another objection can be raised to the use of Census data for the development of variables for this type of study. The Census provides aggregate data for each of the case cities. The mean or median level is given for each factor the Census examines. Thus the extremes are buried in the aggregate. For example, the number of college-educated Negroes in a particular city does not show up as a separate group within the city's college-educated population. This group is included in some measure of central tendency–in this case, the median number of years of school completed. These data do not show whether there is a small or a large group of college-educated people in the community. In this particular example and in this particular type of study, the loss of the particular difference–that is, the individual situation aggregated into the general situation–may limit some of the meaning that can be drawn from the data.[20] This is a general criticism that can be made about all the aggregate data we used in this study.[21]

The model.–To repeat, we started the research in the belief that though the variability of social welfare disparities may partly explain the occurrence or nonoccurrence of racial disorders, other conditions are also necessarily at the root. The reasons often suggested are inadequate economic opportunities, poor education, inadequate health facilities, and limited safety services. It has also been "fashionable" in recent years to add with emphasis this reason to the list: the fact that the gap between the races has not closed more rapidly has led to an unfulfilled "revolution of rising expectations." Our model addresses itself to all these points of view.

The model we developed was set up as follows:

The probability of racial disorders is the additive function of these–

- Racial differential in economic opportunities.
- Racial differential in educational attainment.
- Racial differential in health services.
- Level of police protection.[22]

The mathematical probit model that emerged from our analysis confirmed our initial claim that the variability of racial disparities in economic opportunities, education, and health services, in addition to the provision of safety services, will not adequately explain the occurrence or nonoccurrence of racial disorders. The results of the analysis forced us to conclude that, because of the limited variability of the four variables tested, they are poor predictors of the occurrence of urban ghetto racial disorders.

Thus an examination of income differentials for the cities included in the analysis makes evident that both cities with low income differentials and high income differentials had racial disorders. And on the other side of the coin, some cities with low income differentials did not have racial disorders, but some with high income differentials did. Denver, Lansing, Flint, and Portland, cities with Negro-white income differentials below $2,000, had racial disorders between 1963 and 1967. Seattle and Springfield, where the same differential obtained, did not. Similarly, Louisville, a city with a Negro-white income differential above $2,700 did not have racial disorders, but Hartford, a city in the same category, did. This kind of observation can be made about the variability of all the social indicators we examined. Furthermore, there is no single pattern of permutation among the four variables (24 differentials of racial disparity) that will explain the occurrence or nonoccurrence of racial disorders in urban Negro ghettos.

Conclusions

These findings have particular significance for social policy analysis. The results of this study indicate that on the basis of this information alone it is not possible to predict the probability of a disorder in a Negro ghetto. (In particular cities future case studies could indicate that relative improvements in conditions may decisively influence whether a particular city does or does not have a disorder.)

The study's findings are subject to a number of interpretations that social policy analysts must investigate further in order to formulate intelligent and humane programs for alleviating major social disorders in Negro ghettos.

The first interpretation that might be drawn from this analysis is that as there are no instances where the aggregate Negro welfare indicators are equal to, or higher than, the aggregate white welfare indicators, it may be that relatively lower welfare indicators–though not necessarily the variability of these indicators between cities–are the conditions sufficient to produce racial disorders. If so then it is possible that when the aggregate disparities between the races, which in all of the case cities place the general Negro population at a relative disadvantage to the general white population, are

eliminated to the point that aggregate levels for Negroes on these indicators are about equal to the aggregate levels for white persons, racial disorders will not occur in America's urban Negro population centers.

Another possible interpretation of the findings is that the source of racial disorders is not in the variability of social welfare disparities but somewhere else. Other research indicates that it might be in the "web of social relationships."[23]

A third possible interpretation is that though the variability of the social welfare indicators between cities may not provide the sole conditions for racial disorders, their very presence adds to social "strain."[24] When the threshold of tolerance is passed, people in the ghetto will take part in acts of social disorders.

These are only a few possible alternative interpretations that can be drawn from the data.

THIS STUDY ILLUSTRATES the fact that social indicators can be used to produce findings with important public policy implications in social welfare. It also demonstrates that such findings will lead to new questions requiring the further development of social indicators.

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[1] *Bertram M. Gross and Michael Springer, "Developing Social Intelligence," in* Social Intelligence for America's Future, *Bertram M. Gross, ed. (Boston: Allyn and Bacon), 1969, p. 3. See also Michael Springer, "Social Indicators, Social Reports and Social Accounts: Toward the Management of Society," a paper delivered at the annual meeting of the American Political Science Association, New York, N.Y., Sept. 1969; and Eleanor Bernert Sheldon and Wilbert E. Moore, "Monitoring Social Change in American Society," in* Indicators of Social Change, *Eleanor Bernert Sheldon and Wilbert E. Moore, eds., (New York: Russell Sage Foundation), 1968, pp. 3-24.*

[2] *U.S. Department of Health, Education, and Welfare,* Toward a Social Report *(Washington: U.S. Government Printing Office), 1969, p. 97.*

[3] *For a discussion of the ways by which data collection and analysis have been used to serve various political interest groups, see statement by Irving Louis Horowitz in U.S. Congress, Senate, Committee on Government Operations,* Full Opportunity and Social Accounting Act, Hearings, *before the Subcommittee on Government Research, on S. 843, 90th Cong., 1st Sess., 1967, pt. 1, pp. 68-69. See also Irving Louis Horowitz, "Social Science and Public Policy: An Examination of the Political Foundations of Modern Research,"* International Studies Quarterly, *Mar. 1967, pp. 32-62, for a general discussion of the interrelationships between social science research, national politics, and national public policies. See also Walter Williams and John W. Evans, "The Politics of Evaluation: The Case of Head Start,"* Annals of the American Academy of Political and Social Science, *Sept. 1969, pp. 118-132.*

[4] *U.S. National Commission on Technology, Automation, and Economic Progress,* Technology and the American Economy, *vol. I (Washington: U.S. Government Printing Office), 1966, pp. 95-98.*

[5] *However, a recent prominent report underscores the need to develop and improve social indicators "within an agency of government." See Behavioral and Social Sciences Survey Committee (sponsored by the Committee on Science and Public Policy, National Academy of Sciences, a quasi-Federal agency, and the Committee on Problems and Policy, Social Science Research Council, a private agency),* The Behavioral and Social Sciences: Outlook and Needs *(Englewood Cliffs: Prentice-Hall), 1969, pp. 103-05. Also, another 1969 report, from the National Science Foundation, urges increased Federal support for the development and use of social indicators. See Special Commission on the Social Sciences of the National Science Board, National Science Foundation,* Knowledge Into Action: Improving the Nation's Use of the Social Sciences *(Washington: National Science Foundation), 1969, pp. 48-59.*

[6] *U.S. Department of Health, Education, and Welfare,* Toward a Social Report, *p. xii.*

[7] *According to Joseph A. Califano, former Presidential Assistant, "The disturbing truth is that the basis of recommendations by an American Cabinet officer on whether to begin, eliminate or expand vast social programs . . . nearly resembles the intuitive judgment of a benevolent tribal chief in remote Africa . . . ." See* New York Times, *Dec. 25, 1969, p. 27. See also Walter F. Mondale, "Some Thoughts on 'Stumbling Into the Future,'"* American Psychologist, *Nov. 1967, pp. 970-73.*

[8] *A more detailed analysis of this data included in Marian L. Palley and Howard A. Palley, "The Variability of Relative Deprivation and Black Ghetto Unrest," is to be included in a volume on social indicators, Bertram Gross, ed. (Boston: Allyn and Bacon, forthcoming), 1971.*

[9] *The data on the occurrence or nonoccurrence of a racial disorder in each of the 49 case cities were provided by the American Insurance Association of New York City. The Association has compiled information on racial disturbances based on insurance claims and newspaper reports, usually reasonable and complete sources of information. We could also have used U.S. Congress, Senate, Committee on Government Operations,* Riots, Civil, and Criminal Disorders, Hearings, *before the Permanent Subcommittee on Investigations of the Committee on Government Operations, 90th Cong., 1st sess., 1967, pt 1. The Committee's determination of the occurrence or nonoccurrence of racial disorders is at variance with that of the American Insurance Association in a few cities.*

The cities included all have populations of over 100,000 and chapters of the Urban League, with the exception of Oklahoma City, for which data were not available. Urban League cities were specifically chosen because the League publishes data on cities with chapters, and the presence of a chapter implies that a city has a Negro population. Only cities of 100,000 or more were used because this study is intended as an examination of racial disorders in the larger U.S. cities.

[10] *Stanley Lieberson and Arnold Silverman say: "In contrast [to racial disorders], lynchings and other types of violence are directed toward a particular individual as a collective response to some specific act. In practice this distinction is sometimes difficult to apply, particularly in deciding when a localized racial incident has become a riot." "The Precipitants and Underlying Conditions of Race Riots,"* American Sociological Review, *Dec. 1965, p. 887.*

[11] *The data for the income variable and for the poverty variable were derived from material published by the National Urban League. See* Facts on the Many Faces of Poverty *(New York: National Urban League), 1965. The "income" data were based on 1960 U.S. Census data, as were the "families in poverty" data.*

[12] *The data for the educational differential variable were culled from data published by the U.S. Bureau of the Census. Though the Bureau publishes educational attainment data on nonwhite persons, it does not publish comparable data for white persons. Consequently, we had to assume that the median number of school years completed by the entire population (that is, nonwhite and white) would suffice for our analysis. Thus the Census figure for each of the 49 case cities on median number of school years completed by the whole population was used instead of a comparable figure for the white population. A figure for the white population of each city would probably be slightly*

higher than for the nonwhite and white median because levels of nonwhite educational attainment (using the aforementioned criteria) probably bring down many cities' median educational levels. See U.S. Department of Commerce, Bureau of the Census, United States Census of Population: 1960, vol I, General Social and Economic Characteristics.

[13] The factor loadings were as follows:

Variable 1 (white-Negro family income differentials) 0.86496.
Variable 2 (white-Negro families in poverty differentials) 0.90190.
Variable 3 (white-Negro educational attainment differentials) 0.28405.

This data analysis was performed on the Rutgers University (Newark campus) IBM 1130.

[14] We could have used the factor loadings from the data analysis previously discussed in our probit model, but we decided against this method for the sake of simplicity.

[15] Facts on the Many Faces of Poverty (New York: National Urban League), 1965.

[16] Municipal Year Book, 1967 (Chicago: International City Managers Association), 1968, pp. 453-457.

[17] U.S. Federal Bureau of Investigation, Uniform Crime Statistics, 1966.

[18] It is possible to argue that overprotection and the provision of the wrong kind of protection, not lack of protection, is the issue in the ghetto. We believe, however, that most of the people who live in ghettos are concerned with the protection of life and property and prefer more police protection to less. To illustrate: in December 1967 Negro ministers requested immediate reassignment of 500 patrolmen for service in Brooklyn's Bedford-Stuyvesant ghetto. One minister told Police Commissioner Howard R. Leary: "We will go to jail if necessary" to force the city to assign more patrolmen in the area. See Earl Caldwell, "Brooklyn Ministers Fail in Police Plea," New York Times, Dec. 22, 1967, pp. 1 and 19.

[19] Arthur Ross, Commissioner of Labor Statistics, U.S. Department of Labor, reported on May 9, 1967 (New York Times, p. 1) that job opportunities between 1960 and 1968 expanded for both white persons and Negroes but that the "unemployment gap" between them did not change. Also the U.S. Bureau of the Census notes that though there was a slight reduction in poverty among both between 1959 and 1967 the disparities between both remained very great. A recent report from the Census says: "In the central cities, the incidence of poverty was three times as great for Negroes as for white persons; in the suburban ring the incidence for Negroes was about five times as great as for whites." See U.S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-23, Special Studies (formerly Technical Studies), No. 27, "Trends in Social and Economic Conditions in Metropolitan Areas" (Washington: U.S. Government Printing Office), 1969, p. 52.

[20] In this particular example the range of education in the Negro community might act to aggravate racial tensions. This may be so because the young Negro, poor and probably poorly educated, sees that the better educated Negro man does not receive the status rewards commensurate with his education. This awareness may lead to further frustration and to more hatred of "white America."

[21] These general criticisms of the use of aggregate ecological data have been made by W. S. Robinson, "Ecological Correlations and the Behavior of Individuals," American Sociological Review, June 1950, pp. 351-357.

[22] The model was set up as follows:

(1) $P(Y = 1) = B_0 + B_1 X_1 + B_2 X_2 + \ldots B_n X_x$

(2) In this case: $Pr(Y = 1)$ = Racial disorder situation

$Pr(Y = 0)$ = Nonracial disorder situation

X_1 = Negro-white economic opportunities (income) differential

X_2 = Negro-white health differential

X_3 = City safety score

X_4 = Negro-white educational differential

(3) The following model emerged:

$$Pr(Y=1) = 1.251 - .204X_1 - .026X_2 - .036X_3 + .052X_4$$

$$(1.191)\ (.3505)\ (.0252)\ (.2307)\ (.2260)$$

$$X^2 = 1.851 \quad P < .001$$

(4) The estimates of the B's and their standard deviations (under the maximum likelihood functions in parenthesis) indicate that $B_1 = O$, $B_2 = O$, $B_3 = O$, and $B_4 = O$.

[23] For example, problems arising from interethnic social communications and from the national influence of the mass media may provide significant impetus for recurrent racial disorders. See Howard A. Palley and Marian L. Palley, "Social Welfare Indicators and the Black Ghetto," a paper presented to the annual meeting of the Association for the Study of Negro Life and History, New York, N.Y., Oct. 4, 1968.

[24] This conclusion draws on the notion of the "value added process," discussed by Neil J. Smelser in Theory of Collective Behavior (New York: Free Press), 1963, p. 14.

When A Recipient Organization Provides Social Services

Evelyn H. Ogren

"Disabled" means little to several hundred handicapped persons in Los Angeles when it comes to helping other "disabled" persons receive the social services they need and have a right to. Through a group they created, operate, and staff, recipients of aid to the permanently and totally disabled (APTD) and State general relief (GR) are acting as advocates for the "disabled"–any person in need–with the welfare system. Called the Committee for the Rights of the Disabled (C.R.D.), the group's many goals include the bringing together of recipient and agency in a closer understanding. Mrs. Ogren's article describes C.R.D.'s work from the view point of a federally supported research project.

One of the unusual features of the project is that a C.R.D. officer was asked to read and review the final report. Her comments, in her own words, as contained in the box on page 15.

Group support, legal intervention, the guaranteed income question, and the work of civil rights actionists are combining to create a social climate in which institutions can and are responding to the voices of the poor.[1] Social service recipients are now taking part in policymaking and service operations in neighborhood programs as well as in the general welfare system.[2] Under the welfare rights movement, groups of recipients have opened communication channels between themselves and the agencies that serve them. Their efforts are directed at improving service delivery and at increasing the recipient's knowledge of his rights. Other groups have organized to provide mutual aid such as child care and therapy and rehabilitation after the self-help group model.[3] Some groups operate with agency sanction; others are autonomous.

In Los Angeles a group of disabled public assistance recipients have banded together into an organization called the Committee for the Rights of the Disabled (C.R.D.) to help other "disabled persons" (defined as "any person in need"). The group is unusual in that it was initiated and is run by handicapped persons, recipients of aid to the permanently and totally disabled (APTD) and general relief (GR).[4]

This article reports on a case study of C.R.D. and its efforts conducted by the Regional Research Institute in Social Welfare (Region IX) at the University of Southern California in Los Angeles. The Institute is sponsored by the Social and Rehabilitation Service (SRS), U.S. Department of Health, Education, and Welfare.

The primary research interest was not internal group dynamics but several questions about the activities of a recipient organization: What services can be provided by a group organized by recipients? What problems are associated with successful performance of a group's self-assigned functions? How do changes in the social and political environment affect its activities? Though the group under study is not large, its activities present one model for service delivery that is unusual and of a kind that has not been systematically investigated.

The description of the group came from two sources. Information on C.R.D.'s efforts to bring about community education and promote legislative and social action came from its monthly newsletter, observation of group meetings, and interviews with members. Information on group efforts to provide advocacy and direct service came from case action schedules on persons helped by the group. Confidentiality was observed at all times between group workers and the persons they served, and the case actions considered in the research were anonymous.

How the organization was able to provide individual help was determined by a full accounting of the first 100 episodes of service over a 2-month period in the fall of 1970. C.R.D.'s five most active members

Mrs. Ogren is a research assistant at the Regional Research Institute in Social Welfare, School of Social Work, University of Southern California, Los Angeles. *This article is based on the project report, Organized Client Efforts in Welfare Service, published by the Institute.*

were asked to record all case activities on a special form and, after a pilot period, were given instructions on how to collect data. They were instructed not to force the research questions if forcing would interfere with their natural helping process.[5] Only a few members, all of whom are disabled, do the service work.

Before the research began the organization had no formal record system or systematic files on group activities. Because of the pace of the case activities (the sheer number of telephone calls to be made), some of the usual research methods had to be adapted to the situation. However, the results represent the organization's standing at the time of the study. Any imprecision in data collecting has probably resulted in understatement of individual case activity in numbers of persons helped and kinds of problems presented.

Did we help you when you needed it?

The Disabled Adult and all of those on General Assistance (General Relief) and Social Security did not have anywhere to go and call for help, or tell us our rights. We were full of fear and frightened as it seemed that no one cared.

That is why C.R.D. was organized–so that all these groups will have a place to go and associate with their own peers who understand the problems, and help alleviate some of the fears that society has leveled on us. Since its existence for five years, we are quite well known not only in California but also in several other states. We are also well known at the County Welfare, State Welfare, and even the Federal Administration offices.

Our activities have been helping thousands of individual cases. We have helped get special needs–from Emergency Grocery Orders to appeals for Fair Hearings–and many who are ill and eligible on Aid to the Totally and Permanently Disabled. Our clients include mothers who are too ill to go through eligibility without help; also people with all kinds of problems such as where to go for medical care or housing.

We have appeared at many Public Hearings by the State Legislature–in Sacramento, San Francisco, and in Washington, D.C. We helped change some of the Rules and Regulations. We went to court for some of our clients and won several class actions to insure the rights and services for eligible clients.

We have a panel of volunteer workers, mostly disabled recipients. Over a year's time, from ten to twenty C.R.D. members are active in helping our clients. Four or five of these members have donated their time for years. Right now we have a student helper on field placement from the University of Southern California School of Social Work.

We didn't realize how much writing we were going to have to do for the research but now that it's over, we're glad we did it. In fact we're planning our own research project with the help of the social work student. This study is to answer the question, "Did we help you when you needed it?"

Molly Piontkowski, Executive Secretary
Committee for the Rights of the Disabled

C.R.D. history and organization

C.R.D. was established as a nonsectarian, nonpolitical group (that is, it has no party affiliation) "run by the disabled for the disabled." Its first meeting was held in Los Angeles on October 6, 1966. The group has been incorporated as a nonprofit organization since mid-1968.

APTD and GR recipients conceived the idea because they felt they had no place to go for help with problems stemming from the social services they needed and were entitled to. They wanted to exercise their rights but were "full of fear." Through C.R.D. recipients help each other: they become informed about their rights and learn how to express their needs and kinds of concern as well as their grievances. The rationale behind the organization is that only through actual experience can a true understanding of service needs be communicated by recipients to those dispensing social service. The issue is not "beating the system" but changing it to better meet recipient needs.

In explaining its purpose C.R.D. says:

> C.R.D. . . . is informing the recipient of his rights, privileges, and entitlement, and we are helping him in his fight for these. Nobody else helps him fight for these rights. That's why C.R.D. must exist!!! . . .
>
> We have precise and intimate knowledge of the rules and regulations so often unjust, inequitable, and cruel. And we are able to make these rules and regulations work for the clients, or else we work to change them.

There are three kinds of membership: ***regular*** for recipients of some form of public assistance ("voluntary contributions" in cash rather than fixed dues); *associate* for any person interested in "helping the disabled help themselves" ($10 annual contribution); and *student associate* ($5 annual contribution). Only regular members can vote.

At the time of the study, in the fall of 1970, C.R.D. was mailing out 700 copies of its newsletter to members of all kinds (about 450 copies more than 2 years earlier) and some other interested persons. In comparison to most other recipient groups, C.R.D. is relatively unorganized. Its membership is fluid, being influenced at any one time by individual vested interests and personal problems. Only a few persons are constant members; others are in for a short time; others are in and out.

Meetings are held every other week, but group activities continue

full time round-the-clock. Guest speakers at meetings include welfare administrators or workers, politicians, representatives of social agencies–anyone who has anything to offer that can help the group. They furnish information on programs and agencies and, in turn, acquire information on recipient members of C.R.D. or recipients served by C.R.D. And by involving disabled recipients in community activities, the meetings are social, recreational, and rehabilitative.

C.R.D. is primarily dependent on its membership for manpower. Though general support is tenuous, various forms of help have been received, including the loan of a hall as a meeting room in a religious voluntary agency and gifts of money from time to time from such organizations as a church, the social workers' union, and local chapters of the National Association of Social Workers. A few law students and two social work students have provided a little help in their fields.[6] And professional associate members serve as consultants and provide special knowledge.

The major geographic area for service is Los Angeles County. Activities are conducted from the homes of the working members. They use the telephone for much of their work[7] because C.R.D. lacks a central location, the area served is very large, and transportation is difficult for handicapped persons and costly for public assistance recipients. Messages and requests for help are handled through a telephone answering service. Designated Committee members return calls. With the exception of cases of fair hearings, most help is given without the Committee member and the person served ever meeting. Attendance at meetings and hearings and readings of case records at the widely separated welfare district offices presents a continual transportation problem that has not been resolved.

Organization activities

Urging all public assistance recipients to participate in C.R.D. activities and acting as a source of community information, C.R.D. is concerned with legislation that is favorable as well as adverse to the public assistance recipients. The Committee keeps its information up to date through frequent legislative and welfare newsletters, printed regulations, and lists of all State and Federal legislation. Welfare agency workers pass on copies of agency policy statements and information about administrative changes that might affect or further C.R.D.'s goals. The agency's continued policy of integrity and dignity in filling its advocate role has made it easier for members to obtain reliable information and to keep informed about current activities. Also, C.R.D. has developed a sound relationship with State and local social service agencies.

In addition to answering individual requests for help, C.R.D. has held meetings with county welfare offices and with State welfare offices in Los Angeles, San Francisco, and Sacramento. It has had representatives on news and special radio and television programs and at public hearings, including utility boards and State legislative committees (health and welfare), during which they discussed such topics as housing, MediCal (California's medicare program), APTD and AFDC families, the responsibility of relatives, and the transfer of categorical aid from county to State.

C.R.D. believes that APTD recipients are entitled to the same services as recipients of aid to the blind (AB) and old-age assistance (OAA), including transportation and telephone discounts, and continually works to attain such services. The organization joins in the activities of other welfare rights organizations because "members have strength." Monthly meetings between welfare rights organizations and county welfare policymakers are now held at C.R.D.'s instigation to discuss such topics as hospital treatment and access to medical care for all public assistance recipients.

In the 2 years before the study was conducted, the C.R.D. newsletter carried 36 items of information on public assistance, the policies of public assistance agencies, and recipient rights, listing specific resources and discussing social service problems. Articles have reported on the "potential of organization" for APTD recipients, the problem of separating eligibility determination from services, the recipient as a taxpayer, the mechanical problems of agency locations, and the receipt of payments when a recipient changes residence. Suggestions for changes in policy have been made for such aspects of public assistance as a single standard for APTD and old–age, survivors, and disability insurance (OASDI), a remedy for the problem of delay in fair hearing decisions, and a revised criterion for defining *disability*.

C.R.D.'s direct services

C.R.D.'s direct service activities on a recipient-for-recipient basis have centered on counseling about public assistance eligibility and appeals and representing the recipient or applicant in any difficulty he has with health and welfare agencies at any bureaucratic level (caseworker to State director). "Recipient" as applied to the person served means

Table 1. Profiles of the general service (GS) group and fair hearing (FH) group

Characteristic	GS group		FH group		Total
	N	*Percent*	*N*	*Percent*	*Percent*
Men	(17)	29	(19)	45	36
Women	(41)	71	(23)	55	64
Total	(58)	100	(42)	100	100
Age (years)					
Unknown	(3)	5	(3)	7	6
Under 30	(3)	5	(5)	12	8
30-39	(13)	22	(9)	21	22
40-49	(11)	19	(10)	24	21
50-59	(19)	33	(10)	24	29
60-64	(4)	7	(3)	7	7
65 and over	(5)	9	(2)	5	7
Total	(58)	100	(42)	100	100
Marital status					
Unknown	(4)	7	(4)	9	8
Married, living with husband or wife	(9)	16	(10)	24	19
Never married, divorced, separated, widowed	(45)	77	(28)	67	73
Total	(58)	100	(42)	100	100
Selected sources of income[1]					
None or unknown	[2] (21)	36	(9)	21	[2] 30
APTD	(19)	33	(9)	21	28
OAA	(4)	7	(2)	5	6
AFDC	(9)	16	(8)	19	17
GR	(9)	16	(9)	21	18
OASDI	(6)	10	(6)	14	12
Workman's compensation, unemployment insurance	(0)	0	(1)	2	1
Other (State disability)	(1)	2	(0)	0	1
Referred by					
Unknown	(11)	19	(9)	21	20
Mass media, C.R.D. newsletter	(2)	3	(2)	5	4
Welfare worker	(8)	14	(11)	26	19
Other social agency, Welfare Rights Organization	(16)	28	(11)	26	27
C.R.D. member, other person	(2)	34	(9)	21	29
Other	(1)	2	(0)	0	1
Total	(58)	100	(42)	[3] 99	100

[1] *May receive more than one category of assistance.* [2] *Probably significantly high, inaccurate figures that should be closer to 12 and 21 percent total based on the types of problems presented (see table 3).* [3] *Adds to 99 percent when rounded.*

persons who have been accepted for public assistance as well as persons who have only applied for or have been turned down for public assistance (about 20 percent of C.R.D. clients receive no form of public financial assistance). Each case is handled individually, depending on the welfare district, the assigned caseworker, and the nature of the problem. Selection of the person or agency to contact for information depends largely on the attitude of a recipient's district toward the organization. In some districts the C.R.D. representative contacts the caseworker, in others the deputy director of the agency. As C.R.D. by policy follows up on a case whenever possible, the C.R.D. representative may contact persons at various levels of an agency to get information and services.

C.R.D. is known to the persons it serves as the "last resort" for help. The Committee operates by talking with both the person to be served and the welfare worker and by reviewing recipient case records from agency files (never without the recipient's full consent). A Committee member never hesitates to tell a client that he is wrong when such is the case and to try to help him change his ways if they are at fault.

Problems outside the welfare system require C.R.D. to refer recipients to other agencies, usually based on listings in the Los Angeles County Welfare Directory or on personal knowledge of other resources. But this service is diluted by the fact that few members know much about outside agencies or have contacts with the persons who operate them. A comprehensive file on such agencies would require a more formal organization than C.R.D. now has.

The research groups

The 100 cases included in the study fell into two natural groups of direct service activities: the general service (GS) group of 58 persons with social welfare problems such as housing and child care not requiring fair hearings and the fair hearings (FH) group of 42 persons with problems centered on public assistance appeals and fair hearings. Tables 1, 2, and 3 present a profile of the characteristics of the persons in the two groups.

From the analysis of the total sample, the average person C.R.D. served during the 2-month period studied was a woman in her mid-forties. She had never been married or was not married at the time of the study, and she was receiving some

form of public assistance. She had never contacted C.R.D. before, and she needed help with a welfare problem she had not been able to solve herself. Disabilities in both groups were mainly orthopedic, circulatory, or mental. Though many recipients had some degree of emotional or mental impairment, they did not claim such disability.

The general service group.—Most of the 58 persons in the GS group were women between the ages of 19 and 70. Their mean age was 48, their median age 50. Only a few were married and living with their husbands. They had an average of 1.7 disabilities; 12 said they had no disabilities. See table 2.

Nearly 40 in the GS group did not contact C.R.D. directly but depended on family members or other persons such as a social worker to make the contact. Nearly 60 percent were referred to the Committee by C.R.D. members, persons C.R.D. had served, or by a social agency other than welfare. The number referred by persons C.R.D. had served indicates that the organization's work has been successful and is appreciated. Only 11 persons learned about C.R.D. from the mass media, including the C.R.D. newsletter, a fact indicating that word of mouth and personal referrals are the most effective means of spreading knowledge about the kind of help C.R.D. offers.

C.R.D.'s case action schedules for this group indicate that many eligible persons needed help with special welfare problems regardless of the type of public assistance they were receiving. Problems have centered on food stamps, MediCal, tardy checks for authorized payments, and the like. Lack of communication between the recipient and the agency[8] seemed to be at the root of much recipient anxiety. Take the cases of Miss L and Mr. B. Miss L, a 55-year-old heart patient, called C.R.D. because she was anxious about "yearly affirmation" and what the words meant. Her C.R.D. worker explained the term, assured her that anxiety was unnecessary, and told her to call C.R.D. if she ever had a problem over "affirmation." Mr. B, a 67-year-old OAA recipient, wanted to move from his residence to a convalescent home because he had been hurt in an automobile accident and was in for a long recovery period. He told the C.R.D. worker that he wanted a "straight" answer to the question of how and where to go. He was both desperate and angry at the welfare office, where he felt he was getting the run-around. The C.R.D. worker was able to put him in touch with the right person at the welfare office. The final outcome of the case is unknown.

Of the GS cases seven required more work than just resolving the problem presented. Additional problems concerned need for money, housing, medical care, and severe child neglect. For instance, while trying to find out why Mrs. J, a 37-year-old hyperactive AFDC mother, had not received as large a public assistance check as she expected, the C.R.D. worker found that Mrs. J had made out her budget incorrectly for a 13-year-old daughter. The C.R.D. worker was able to get the budget adjusted and to hasten correct payment. Mrs. N, a 26-year-old working mother, turned to C.R.D. because she needed money. She was in the process of getting a divorce from her husband who was in and out of the home and who had once almost killed the children. C.R.D. not only helped her get public assistance but also asked for a child protection worker and planned to watch her case closely because further help might be needed.

With C.R.D.'s help 16 cases were resolved to the recipient's advantage, two against. Several required only a simple explanation to clarify a misunderstanding of what a caseworker had said or how to complete a form received by mail. Miss H, a 58-year-old APTD recipient, thought she needed a birth certificate to get an identification card for food stamps. The C.R.D. worker had only to correct Miss H's impression, after checking with the food stamp unit of the welfare agency. In another instance, Miss O, a 35-year-old APTD recipient with an emotional problem,

Table 2. Reported disabilities

Type of disability	GS group		FH group		Total
	N	*Percent*	*N*	*Percent*	*N*
Sensory	(6)	13	(3)	8	9
Orthopedic and neurologic	(26)	56	(28)	67	54
Mental and emotional	(12)	26	(5)	13	17
Neoplasm	(4)	9	(0)	0	4
Endocrine system	(8)	17	(3)	8	11
Heart and circulatory system	(11)	24	(17)	45	28
Respiratory system	(3)	7	(3)	8	6
Digestive system	(6)	13	(5)	13	11
Other (unclassified)	(3)	7	(2)	5	5
Total	(79)	--	(66)	--	145
N	[1] 46		[2] 41		[3] 87
Average No.	1.72		1.58		1.67

[1] No disability reported for 12 cases. [2] No disability reported for one OAA case. [3] No disability reported for 13 cases.

claimed that a caseworker, who happened to be a man, had threatened to place her in a mental institution if she did not stop asking for money. C.R.D. had a woman worker assigned to the case, and the recipient's misconceptions cleared up.

Though its policy is to follow through, C.R.D. is often unable to do so after the crisis has passed or a major third-party contact is made. Thus it doesn't know the final outcome of many of its cases. It simply doesn't have enough workers to follow many cases to completion, sufficient facilities to maintain control records, or money to pay for telephone toll calls. The energy of the organization and its workers is often exhausted in trying to stabilize a crisis. The high number of cases about which there is "no further information" is the result of the C.R.D. worker's choice between followup and completion and serving as many persons as possible who ask for help.

Half the cases were hampered by special restrictions. Two cases couldn't be closed for want of resources (special housing and eyeglasses). Work on several cases was hampered by formal relationship with the U.S. Social Security Administration.

Other difficulties occurred in nine cases because of language differences for Spanish-speaking clients and inability to reach a client by telephone (always busy or not answered). In seven cases the client's psychotic or unstable emotional condition blocked rational communication and efficient activity. In the case of Mrs. I, a 38-year-old woman with unstable emotions, C.R.D. could not bring the case to a satisfactory conclusion. She wanted C.R.D. to help her in a child custody matter. The worker noted in September: "It's impossible. Client is too excited and since things are going a little smoother, we better leave it at that." In October the worker said: "[The client] wants us to call nursery about changing diapers for her child. . . . Client is quite aggressive, overbearing. We have been very patient and tried to give her every service available." Next day: "[Client] called at 7:30 p.m., disguised her voice and claimed [to answering service] she was personal friend." Later: "There is no end to this case."

Table 3. Problems presented by C.R.D. clients

Problem	GS group		FH group		Total
Financial Assistance	*N*	*Percent*	*N*	*Percent*	*Percent*
Cut down	(5)	9	(8)	19	13
Cut off	(5)	9	(2)	5	7
Denied	(6)	10	(32)	76	38
Other welfare problems	(30)	52	(0)	0	30
Medical	(3)	5	(0)	0	3
Housing	(3)	5	(0)	0	3
Other	(6)	10	(0)	0	6
Total	(58)	100	(42)	100	100

Communication difficulties plagued the C.R.D. workers in contacts with the welfare departments. Contacting the proper caseworker or administrator often required many calls and repeated efforts to relay a client's problems to the right agency official. Telephone lines were busy without end or rang without reply, calls were not returned, offices were closed for holidays, and the like.

Decisionmaking at various levels and locations created delays and confusion for the client and regulations and procedures worked against meeting individual needs. Time lags in taking action were particularly crucial. C.R.D. found that obtaining a service worker was more effective than proceeding through the routine paper process of the welfare agency. Several cases illustrate the effects of delays. Mrs. W, a paralyzed 61-year-old APTD recipient whose assistance had been cut off after medical review, got in touch with C.R.D. for help. The C.R.D. worker discussed Mrs. W's case with the deputy director, who "was just sick himself at the medical review team taking such action as Mrs. W may die any minute or day." The district office eventually reinstated assistance and waived a fair hearing.

In another instance Mrs. Y, a 53-year-old APTD recipient, required a special diet and medication that cost from $25 to $30 more a month than the APTD payment. Her physician asked the county agency to make an allowance to cover new drugs, but no service worker was assigned to her case. As she was spending part of her food money for drugs, she got very hungry by the end of the month. She called C.R.D. for help. C.R.D. suggested that she plan to take her meals in restaurants because, though APTD makes no allowance for special diets, it does allow for restaurant meals when a physician certifies to the necessity. In the case of Mr. G, a 48-year-old man with chronic undifferentiated schizophrenia (guarded prognosis), C.R.D. was able to get quick action on his application for APTD. He had been waiting several months to receive APTD, though he should have been placed on assistance immediately after discharge from a mental institution. C.R.D. workers say: "Usually social workers do follow up

cases when we call and do their best to help clients or else we keep on calling and see that the problem is resolved."

C.R.D. found that regulations were not always interpreted the same for all recipients, nor were they always interpreted to the recipient's advantage. Computer and human errors deterred some from getting the help they needed. Payments were cut "without notification" or were not received after a case was approved. These situations resulted from the ordinary "slippage" inherent in a bureaucratic welfare agency. Take again the case of Mrs. J, the hyperactive mother. She was notified by the welfare agency that she would receive APTD as of May 1 but she had not received a payment by September. AFDC was cut off as of July 31, leaving her without an allowance for herself. C.R.D. called the district office and found that APTD would start September 24. The worker obtained direct cash aid for Mrs. J to pay an overdue light bill.

In many cases C.R.D. sees itself as a "jog" to the agency. Though bias may have affected C.R.D.'s action schedules in favor of the recipients, findings from other studies[9] suggest that the "halo" effect was small in their reports of direct service activities.

The fair hearings group.—Possibly because they all had the same problem, C.R.D.'s FH group was more homogeneous than the GS group (see table 1). Their main problem was denial of some form of financial assistance. Nearly half the group were men, and the age range was from 22 to 80 (mean 44.7, median 45). Nearly a fourth were married and living with their husbands or wives.

Compared to the GS group, fewer referrals to C.R.D. came from other persons and C.R.D. members but more from welfare workers. Only three clients did not make the contact himself or have a family member make it. Apparently, C.R.D. is recognized in the community as a source of help for persons actively interested in pursuing a welfare appeal. C.R.D. had worked on 10 of these cases for as long as 3 months, pending hearings.

Less than a fourth of the group (nine) said they were not receiving any form of financial assistance. The primary disabilities reported were "orthopedic and neurologic" and "heart and circulatory system" (see table 2). This group averaged 1.58 reported disabilities per case, slightly less than the 1.72 average for the GS group.

C.R.D. activities in fair hearings cases were not specifically enumerated, although the case time generally covers several months and involves a great deal of effort and many contacts with recipients, the welfare office, and other agencies. The Committee has developed an unwritten protocol for use in requests for help with fair hearings.

- The potential client calls or writes C.R.D., asking for information and help in a welfare appeal. C.R.D. instructs him by telephone or letter to send a written statement to C.R.D. authorizing the Committee to act as his representative at a fair hearing.
- C.R.D. calls the district worker or main appeals office to notify the county welfare office that C.R.D. will be the client's authorized representative. A copy of the notification of hearing date is sent to the Committee when the client is notified. Arrangements are also made for C.R.D.'s representative to read the case record at one of the district offices.
- The Committee member representing the client becomes thoroughly familiar with the agency case record. He sees that necessary additional evidence such as a medical report is obtained, and he appears at the fair hearing to actively fulfill his representative role.[10]

In some instances the client may not contact the Committee until the day before the hearing, in which case C.R.D. does not have time to read the case record. But from the point where the Committee enters the situation, it attempts to cover thoroughly all aspects of the presentation of evidence.

C.R.D. estimates that it "wins" 50 percent of the cases it represents. For these 42 cases four had outcomes partly resolved to the client's advantage, four were resolved against the client, and two received (favorable) unconditional withdrawal of the hearing before Committee intervention. The other cases were pending hearing or a decision (13) at the end of the study period. So large a number were still pending because of the time lag problem of working with fair hearings appeals. The referees have backlogs of decisions to make and have to schedule hearings months ahead. The Committee is quite concerned because such delays directly affect the decision: referees lose knowledge of the case and the wait inflicts additional hardship on the client. Despite the time span, C.R.D. does not close the case until it is dropped by the client or the client is accepted for assistance. Study data suggest that recipients in fair hearings cases represent a subsample of all younger APTD recipients.[11]

Other obstacles C.R.D. meets include those mentioned for the GS group as well as problems caused by a client's changing address or the movement of case files from office to office. Clients often had trouble receiving GR payments though such payments are "supposed to be mandatory for the appeals interim period." Many clients complain about the lack of coordination between APTD and GR and of the county's

inactivity in clearing a case for payment.

The pattern of problems presented to C.R.D. changes with change in welfare policy. Before July 1970 one Committee member thought there were more requests for help in obtaining housing; after that date more for fair hearings representation, particularly about cuts in aid and attendance and application for special shelter allowance. These changes in problems were the direct result of changing welfare rules and regulations. Appeals have been made in cases where the wife had to remain at home (off a higher paid job) to care for a husband; where children had to be placed in foster homes; and where, if the wife returned to work, the husband would have to be institutionalized at a cost to the taxpayers far exceeding the "attendant care" allotment.

C.R.D. today

The functions and activities of C.R.D. are now sufficiently regular for the organization to be considered a developing voluntary service agency. It provides an unusual form of individual service by persons who offer a peer relationship to their clients as well as quasi-professional help. C.R.D.'s help provides such services as these:

- Correct, understandable information.
- Specific referrals, particularly to the appropriate unit of the public welfare agency, cutting down on trial and error and across bureaucratic lines.
- Direction, guidance, and assistance through a legal and technical maze.
- Emotional support, based on sympathy and direct understanding of the client's situation.

Most C.R.D. workers have "gone the route" and can identify with a client's problems. Although there is danger of over-identifying, "inside knowledge" helps establish informal communication with the system. The absence of "intake" guidelines gives some degree of recipient-worker choice as to which applicants C.R.D. will accept for service. In general, everyone who asks for help receives some attention. The worker's individual judgment determines the client's ability to function and the kind of service he will be given.

The communication problems and working relationship of C.R.D. workers—mostly APTD recipients—with their clients parallel the situation any welfare worker meets in the performance of his job, not considering the experiential component of the peer relationship. C.R.D. clients are expected to help the C.R.D. worker and not create unnecessary difficulties. This means being available when needed and not imposing on the C.R.D. worker by repeated and unnecessary telephone calls and irrelevant requests. It means cooperating in following agency procedures and recognizing that C.R.D. did not make the rules.

As the scope of its activities expanded, the Committee was able to make its operating procedures regular. For example, new workers now receive training in fair hearings procedure. The controlling question is this: What is the best way to handle a given case? Some task specialization has developed around special interests; for example, one member is more likely than another to handle housing problems. As with any growing organization, C.R.D. is differentiating its services and expanding its structure. In 1969 part of the president's functions were given to an executive secretary, particularly those centered on increasing opportunities for interorganizational and community work.

C.R.D. is still dependent on a small core of highly motivated persons working under dedicated leadership to accomplish its goals and maintain the group. The members are bound by relationships with persons similar to themselves as well as by "working for a cause." Future problems revolve around an effective working relationship with the welfare system and expanding the leadership base. Members feel their work must continue in spite of their physical limitations. They seem to draw energy from accomplishment and success.

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[1] *Joseph E. Paull, "Recipients Aroused: The New Welfare Rights Movement,"* Social Work, *Apr. 1967, pp. 101-06; Frank Riessman, "Self-Help Among the Poor: New Styles of Social Action,"* Trans-Action, *Sept.-Oct. 1965, pp. 32-37.*

[2] *Edward J. O'Donnell and Catherine S. Chilman, "Poor People on Public Welfare Boards and Committees: Participation in Policymaking?"* Welfare in Review, *May-June 1969, pp. 1-10, 28-29.*

[3] *Daniel Thursz,* Consumer Involvement in Rehabilitation, *National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged (Washington: U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service) 1969; William Friedlander,* Client Involvement in the Public Welfare System, *Supplement No. 1,* Challenge to Validity *(Chicago: American Public Welfare Association), Dec. 1967.*

[4] *General relief (GR) is California's term. The Federal term is "general assistance" (GA).*

[5] *Except for incomplete data, the margin for error in the verbal information is probably low, an impression in agreement with Carol H. Weiss' findings reported in "Interviewing Low-Income Respondents,"* Welfare in Review, *Oct. 1966, pp. 1-9.*

[6] *The second social work student is now in field placement at C.R.D. from the University of Southern California School of Social Work. Law students were from Loyola University of Los Angeles and the Western Center on Law and Poverty of the University of Southern California.*

[7] *Service delivery by telephone has a long history in Los Angeles County because of the city's size, population dispersion, and poor public transportation.*

[8] *This finding supports in a different way Briar's report of a possible misunder-*

standing on the client's part of a worker's statement: Scott Briar, "Welfare From Below: Recipient's View of the Public Welfare System," in Law of the Poor, *Jacobus tenBroek, ed. (San Francisco: Chandler), 1966, p. 55.*

[9] *Joel F. Handler and Ellen Jane Hollingsworth,* Stigma, Privacy, and Other Attitudes of Welfare Recipients *(Madison: University of Wisconsin, Institute for Research on Poverty), 1969; Richard Pomeroy, Harold Yahr, and others,* Studies in Public Welfare: Effects of Caseworker Turnover in Welfare Clients *(New York: City University of New York, Center for the Study of Urban Problems), 1969, (for a condensed version of this report, see "AFDC Recipients and Eligibility Investigations,"* Welfare in Review, *May-June 1969, pp. 26-27).*

[10] *Joel F. Handler, "Justice for the Welfare Recipient: Fair Hearings in AFDC—The Wisconsin Experience,"* Social Service Review, *Mar. 1969, pp. 12-34.*

[11] *Robert H. Mugge, "The People Who Receive APTD,"* Welfare in Review, *Nov. 1964, pp. 1-14.*

RESEARCH NOTES

Income by Sex and Race

United States 1968

THE PROGRESS OF WOMEN, ethnic minorities, and special minority groups (including young people and the elderly) toward social and economic equality promises to be a major issue in the 1970's. Insofar as the money income of persons is an indicator, the data recently published in *Welfare in Review*[1] show that substantial progress was achieved during the 1960's, particularly among Negroes. Between 1959 and 1968, for example, in constant (1968) dollars the median income of women rose by nearly two-fifths (38.4 percent), as compared with a gain of 25.3 percent for men. On the same basis, the real median income of Negroes increased more than twice as rapidly as that of white persons, both for men (55.9 as against 24.7 percent) and for women (70.7 as against 32.6 percent). Though the differentials were narrowed somewhat over the 9-year period, the income gaps still remained very wide in 1968, as evidenced by the following cross-sectional analysis.

Statistics in these Research Notes are from *Current Population Reports (CPS),* Series P-60, No. 66: "Income in 1966 of Families and Persons in the United States," Dec. 23, 1969 (Washington: Bureau of the Census, U.S. Department of Commerce, 1969). The annual income supplement of the *Current Population Survey (CPS)* is based on a sample of 50,000 households and is taken in March of the year following the income year. For No. 66 the study year is 1968 and the survey was taken in March 1969.

Of the 142.5 million persons age 14 and over in the United States as of March 1969, about 111 million (77.9 percent) received income during 1968. About 127 million (89.2 percent) were classified as white; 14.1 million (9.9 percent) as Negro; and 1.4 million (0.9 percent) as belonging to other races. The proportion of income recipients was higher among Negroes (80.5 percent) than among white persons (77.7 percent). Relatively fewer Negro men (88.5 percent) than white men (92.9 percent) received income in 1968, but the reverse was true for women: 73.7 percent of Negro women as opposed to 63.8 percent of white women.

Though women comprised more than two-fifths (43.7 percent) of all income recipients in 1968, they received less than a fourth ($132.6 billion) of the 1968 national money income aggregate of $546.7 billion. On the average during 1968, women received $2,732, men $6,626, or *142.5 percent more.* The corresponding discrepancy was even wider between median incomes of men ($5,980) and women ($2,019)—*196.2 percent more.* And over three-fifths of the women, as against less than three-tenths of the men, reported incomes below $3,000. Twice as many women as men had incomes of less than $1,500 (20 as against 10 million), and the gap between the incidence rates was even wider (men 16.4 and women 42.2 percent). See table.

The proportion of income recipients who were year-round full-time workers was only slightly more than half as large among women (31 percent) as among men (60.3 percent). The mean income of year-round full-time women workers was 54.2 percent of that for the corresponding group of men, or 45.8 percent below; and the median income of such women was 58.5 percent of the median for corresponding men, or 41.5 percent below.

As indicated in the table, more than seven-tenths of the men, as compared with less than two-fifths of the women, had incomes of $3,000 or more in 1968. About 12.3 million men (19.7 percent) had incomes of $10,000 or more but only 845,000 women (1.7 percent) had incomes that high.

The table also points up income differentials by race and sex in 1968

[1] *Alexander Radomski, "Income and Poverty, 1959-68,"* Welfare in Review, *Jan.-Feb. 1971, pp. 13-17.*

Persons age 14 and over, by race, sex, and level of income in 1968: United States, March 1969

Level of income	All races		White		Negro	
	Men	Women	Men	Women	Men	Women
Number of recipients (thousands)	62,501	48,544	56,219	42,482	5,715	5,629
Percent by income level						
Total	100.0	100.0	100.0	100.0	100.0	100.0
Under $1,500	16.3	42.2	15.3	41.5	26.4	47.3
Under $500	6.5	16.7	6.1	16.7	9.9	16.6
500-999	5.0	14.1	4.7	13.8	7.9	17.2
1,000-1,499	4.9	11.4	4.5	11.0	8.6	13.5
$1,500-$2,999	11.3	19.6	10.9	19.1	15.4	23.3
1,500-1,999	4.0	7.5	3.9	7.3	5.0	9.0
2,000-2,499	4.1	7.2	3.9	7.0	5.5	8.6
2,500-2,999	3.2	4.9	3.1	4.8	4.9	5.7
$3,000-$5,999	22.5	27.1	21.5	27.6	32.4	23.4
3,000-3,999	7.2	12.0	6.7	12.0	11.6	11.8
4,000-4,999	7.1	8.7	6.7	8.9	10.9	7.4
5,000-5,999	8.2	6.4	8.1	6.7	9.9	4.2
$6,000-$9,999	30.2	9.3	31.1	9.8	21.5	5.5
6,000-6,999	8.6	4.4	8.7	4.7	8.1	2.6
7,000-7,999	8.9	2.7	9.1	2.8	7.2	1.4
8,000-9,999	12.7	2.3	13.3	2.4	6.2	1.5
$10,000 and over	19.7	1.7	21.2	1.9	4.3	0.5
10,000-14,999	13.7	1.4	14.7	1.5	3.7	0.5
15,000 and over	6.0	0.4	6.5	0.4	0.6	---
Median income	$5,980	$2,019	$6,267	$2,079	$3,707	$1,649
Mean income	$6,626	$2,732	$6,895	$2,801	$4,018	$2,208
Year-round full-time workers						
Percent of civilian income recipients	60.3	31.0	61.1	31.0	53.0	31.2
Median income	$7,814	$4,568	$8,047	$4,685	$5,370	$3,560
Mean income	$8,783	$4,764	$9,080	$4,902	$5,506	$3,714

Source: Bureau of the Census, Current Population Reports, *Series P-60, No. 66, Dec. 23, 1969, table 37.*

The 56.2 million white men who were slightly more than half (50.6 percent) of all income recipients received more than seven-tenths ($387.6 billion, or 70.9 percent) of all 1968 income. About 42.5 million white women, or nearly two-fifths (38.3 percent) of all recipients, received only a little more than a fifth ($119 billion, or 21.8 percent). Men and women of all other races comprised 5.6 and 5.5 percent of the income recipients and, in the same order, accounted for 4.8 and 2.5 percent of the income aggregate. A nearly equal number of Negro men (5.7 million) and women (5.6 million) each comprised about 5.1 percent of all income recipients, but the men received 4.2 percent ($23 billion) and the women 2.3 percent ($12.4 billion) of the income aggregate for 1968.

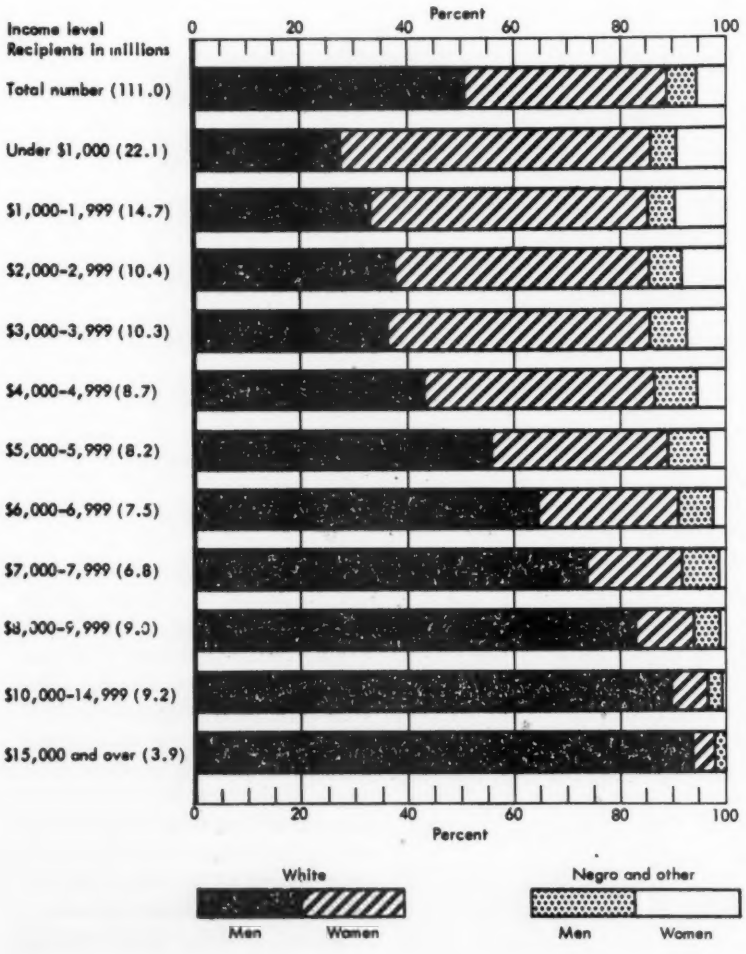
The average (mean) income of Negro men ($4,018) was only three-fifths (59.3 percent) that of white men ($6,895), a lag of 41.7 percent. Yet the mean income of Negro women ($2,208) approached four-fifths (78.8 percent) that of white women ($2,801), lagging only 21.2 percent. Thus, on the average, for every $100 received by white men, Negro men received $58; white women $41; and Negro women $32. Among year-round full-time workers (61.1 percent of the white men, 53 percent of the Negro men, and about 31 percent of each group of women),

for each $100 white men received, Negro men received $61, white women $54, and Negro women $41.

Because of the disproportionately larger share of income received by persons in the above-average income brackets, the median income of each of the four sex-race groups was well below their mean incomes. The median income of white men ($6,267) was 9.1 percent below; of Negro men ($3,707) 7.7 percent below; for white women ($2,079) 25.8 percent; and for Negro women ($1,649) 25.3 percent.

Median incomes for year-round full-time workers were at a much higher level than for all recipients and had a narrower spread: $8,047 for white men, $5,370 for Negro men, $4,685 for white women, and $3,560 for Negro women. The lags for median and mean income were comparatively small except for white men, in which group high incomes were concentrated.

Total number and percent distribution of recipients, by race and sex at each income level in 1968: United States, March 1969



More than a fifth of the white men (21.2 percent) had incomes of $10,000 or more, as against 5.5 percent of men of all other races, including only 4.3 percent of all Negro men. The top income group included only 807,000 white women (1.6 percent) and a mere 38,000 women of other races (0.6 percent). On the whole Negroes comprised a 10th of all income recipients (10.2 percent) but only 2.1 percent of those with incomes of $10,000 or more. See chart.

The chances of receiving total income of less than $3,000 in 1968 ranged roughly from one in four for white men to seven in 10 for women of other races than white. This income group included 26.2 percent (14.7 million) of all white men, 49.5 percent (2.5 million) of all other men, 60.6 percent (25.8 million) of all white women, and 69.6 percent (4.2 million) of all other women. Thus there were 47.3 million persons with incomes below $3,000; 54.5 percent were white women, 31.2 percent white men, 8.4 percent Negro women, 5 percent Negro men, and 0.9 percent other races.

Of the 30.7 million persons age 14 and over with incomes in 1968 of less than $1,500, 17.6 million (57.5 percent) were white women; 8.6 million (28.1 percent) white men; 2.7 million (8.7 percent) Negro women; 1.5 million (4.9 percent) Negro men; and 265,000 (0.8 percent) of other races. But out of each 100 persons in the group, the chances of falling below $1,500 were 47.3 for Negro women, 41.5 for white women, 26.3 for Negro men, and 15.3 for white men.

The accompanying chart shows the extent to which women (both white and all other) dominated the low income groups in 1968. More than two-thirds of all persons with incomes under $1,000 were women

(58.5 percent white and 9.1 percent other); at the $1,000-$2,000 level more than three-fifths of all recipients were women (53.1 percent white and 9.3 percent all other races). This proportion for women remained at 56 percent over the next two $1,000 income brackets. Above $5,000 men (particularly white men above the $8,000 level) formed increasingly larger proportions of the recipients. Apart from discrimination against women and minority groups for the better paying jobs, differences in the composition of the various income groups are partly explained by such characteristics as rural-urban residence, age level (being very young, very old, or prime working age), education, training and work experience, employment status, and occupation or industry.

Continuing review and analysis of the money income of persons are of basic importance to those concerned with income maintenance and fundamental welfare reform. Periodic information on the income gap between the sexes by race should provide decisionmakers with some idea of the size of such discrepancies and the direction and rate of their movement over time and serve as a stimulus to the development of policies and programs that would help to reduce at least the major inequities.

ALEXANDER L. RADOMSKI

Welfare in Review will no longer carry the public assistance statistics issued monthly by the National Center for Social Statistics. These data may be obtained from the Center (U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Washington, D.C. 20201), by asking for the lastest NCSS Report A-2.

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BOOK NOTES

Canada Looks At Income Security

Income Security for Canadians, *by John Munro, Minister of National Health and Welfare. Department of National Health and Welfare, Ottawa: Queen's Printer for Canada, 1970, 60 pp., free (English and French).*

ADEQUATE INCOME PROTECTION and security for all Canadians has recently been a rallying cry for Canada's three major political parties. Both the Progressive Conservative Party and the New Democratic Party have registered major support for some form of a guaranteed annual income to alleviate poverty and unemployment and to insure the basic rights of Canadians to an adequate standard of living. *Income Security for Canadians,* a report recently issued by the national government, may be taken as stating the position of the third party, the Liberal, which is now in office.

Income Security begins by examining these four questions:

Are the present income security programs—federal, provincial, and municipal—adequate?

Could the existing income security programs be replaced with one program such as guaranteed annual income without substantially increasing the cost?

Are Canadians willing and ready to increase the allocation of resources for social welfare programs, specifically for income security programs for low income families?

What can be done within current allocation of resources to improve current income security programs?

Income Security recognizes deficiencies in Canada's current income security programs and recommends that these programs be revised by redirecting their emphasis and scope and by combining them in ways that will best meet basic income security objectives. Two basic objectives are presented: *income protection* to compensate for exceptional loss of earning power and thus to offset economic hardship and poverty and *income support* to alleviate poverty and decrease dependency among persons who have little or no means of support from earnings, income protection measures, or other sources of income.

The report further recognizes that the income security objectives must be realized within the framework of these five "guiding principles":

- Although economic stability and growth are basic to social development and economic policies and help raise in-

come levels, they do not in themselves solve income security and other social problems.

- Because income security is complimentary to the personal provision of income support, the goal in meeting social protection should be to leave incentive for the individual person to build his own additional protection. It should, however, be adequate to keep as many persons as possible from falling into poverty.

- Employment policies and income security programs should be coordinated through high levels of employment, implementation of minimum wage laws, and unemployment insurance payments.

- Adequate rights appeal procedures should be established.

- Administrative policies and procedures governing income security programs should be periodically reviewed and revised to ensure accessibility of information, simplicity of procedures, fair and prompt decisionmaking on individual cases, and courteous treatment of persons applying for and receiving benefits.

The main direction of the proposed income security policy is to develop the guaranteed income method as a major antipoverty policy and, as a result, shift policy on universal payments involving a new family income security plan and changes in the Old Age Security Act toward strengthened and extended social insurance. Combined with individual productivity and thriftiness, the guaranteed income program would help keep most people out of poverty. If the plan is successful, it will decrease reliance on social assistance, which is now a patchwork of provincial and local income maintenance programs operated under the Canadian Assistance Plan (CAP).

Income Security points out that the family income security plan, which would replace the universal family allowance plan in operation since July 1945, would be a major antipoverty instrument because of its emphasis on low income families. Under the plan each family whose total income (husband's and wife's) does not exceed $4,500 a year would receive a monthly allowance of $16 for each dependent child under 18. As the level of family income increases, monthly benefits would decrease until payment ceased for families with total income of more than $10,000 a year. The approximate amount of payments at different income levels would be as follows:

Income level	Monthly benefit
0 - $4,500	$16
$4,501 - 5,000	15
5,001 - 5,500	14
5,501 - 6,000	13
6,001 - 6,500	12
6,501 - 7,000	11
7,001 - 7,500	10
7,501 - 8,000	9
8,001 - 8,500	8
8,501 - 9,000	7
9,001 - 9,500	6
9,501 - 10,000	5
10,001 and over	0

The family income security plan would directly benefit about 640,000 persons at an estimated cost of $660 million a year. A family of three, for example, would receive $576 a year. Because the plan would operate selectively, the savings accrued from universal payments of family allowances will not substantially increase the cost to taxpayers.

Income supplements to older persons under the old-age security programs would be increased from $31.83 per person to $95 per married couple and to $44 for single persons. The old-age security pension (OAS) would be set at a flat rate of $80 a month. The combined income from the guaranteed income supplement and OAS would give a qualified couple not less than $225 a month and a qualified single person not less than $135 a month.

Although *Income Security* never specifically refers to the Canadian government's action on social assistance programs, it does recognize several issues concerning the organization and administration of them. These include the right of persons in need to receive assistance and social services; expanded day care centers and homemaker services; services to meet the special needs of the handicapped and disabled; and incentives for assistance recipients with employment potential to take advantage of opportunities for training and employment. These issues are not only complex in themselves but are also complicated by the fact that under the present federal-provincial administrative jurisdictional boundaries the provincial governments exclusively control services, although the federal government meets 50 percent of costs under the provisions of CAP.

Perhaps the most controversial feature of *Income Security* is its discussion on "alternative approaches" to income security. The answers to these questions are basic conditions for consideration of alternatives, according to the report:

Is it better to use a combination of income security methods to reach the basic objective or to scrap them in favor of one guaranteed income program?

Would it really be possible to abandon present programs or are there some that could not be abandoned?

If they could be abandoned, is a guaranteed income for all really feasible?

Income Security argues that further study is needed to determine the effects of guaranteed income on price and income stability in particular and on the national economy in general. Despite experiments supported by the Office of Economic Opportunity and the U.S. Department of Health, Education, and Welfare in such cities as Seattle, Gary, and Denver and in New Jersey and Vermont, the social and psycho-

logical effects of guaranteed income on incentive to work and to save and on motivation are still largely unexplored. Therefore, the "best approach for overcoming deficiencies of the existing system at this time does not lie in the direction of dismantling the system in favor of one overall guaranteed income program. Quite the contrary, the approach is to revise each of the four instruments of income security policy (guaranteed income, demogrants, social insurance, and social assistance), to redirect their emphasis and scope, and to seek the combination that will best meet the basic income security objectives."

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New Publications

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on orders of 100 or more). Payment must accompany order. Single copies of unpriced publications are available from the issuing agency.

Social and Rehabilitation Service

Juvenile court statistics, 1969, National Center for Social Statistics Report JCS-1969, 19 pp. Presents data on the volume of children's cases settled by juvenile courts.

Medical assistance (medicaid) financed under title xix of the social security act, May 1970, National Center for Social Statistics Report V-1 (5/70), 5 pp. and 17 tables. Reports data on the number of persons who received medical assistance and the amount of payments to health-insuring agencies in May 1970.

Program facts on federally aided public assistance income maintenance programs, 1970, National Center for Social Statistics Report A-6 (6/70), 25 pp. Provides information about the four maintenance assistance programs, old-age assistance (OAA), aid to families with dependent children (AFDC), aid to the blind (AB), and aid to the permanently and totally disabled (APTD).

Public assistance statistics, October 1970, National Center for Social Statistics Report A-2 (10/70), 19 pp. Presents data on services provided to public assistance recipients in Oct. 1970.

Public assistance: vendor payment for medical care by type of service, fiscal year ended June 30, 1970, National Center for Social Statistics Report B-2 (FY-70), 10 tables. Lists amounts spent for vendor payments by type of service.

Sources of funds expended for public assistance payments, fiscal year ended June 30, 1970, National Center for Social Statistics Report F-1 (FY-70), 12 tables. Presents data on source of money payments to public assistance recipients.

Take your troubles to the hotline, Youth Development and Delinquency Prevention Administration. 1970, 13 pp. Provides information on how a young person in trouble can telephone for instant help.

Social Security Administration

Medical care prices fact sheet 1966-1970, By Loucele A. Horowitz, Division of Health Insurance Studies, Office of Research and Statistics. Mar. 23, 1971, 6 pp. and 3 tables. Summarizes medical care price changes from 1966-70.

Veterans' legislation enacted by the 91st Congress. Interprogram Studies Branch, Office of Research and Statistics. Mar. 5, 1971, 11 pp. Presents facts on veterans' income maintenance provisions and related benefits.

Non-Government

Advances in child development and behavior, Hayne W. Reese and Lewis P. Lipsitt, eds. Academic Press (111 5th Ave., New York, N.Y. 10003), 1970, 265 pp., vol. 5, $13. Discusses papers by investigators doing technical work on subjects of current and important interest.

Age, work and automation. Updated report of an international colloquium held at Semmering (Austria), June 1966, Paul M. Paillat and Marion E. Bunch, eds. S. Karger (Box 352, White Plains, N.Y. 10602), 1970, 69 pp. (Interdisciplinary topics in gerontology, vol. 6), $6. Presents the medical, psychological, economic, and social aspects of work for the aged.

The American health empire: power, profits and politics, by Barbara Ehrenreich and John Ehrenreich. Random House (30 W. 60th St., New York, N.Y. 10023), 1970, 279 pp., $7.95. This report of the Health Policy Advisory Center (Health-PAC) analyzes the failure of our health care system.

Annual progress in child psychiatry and child development, Stella Chess and Alexander Thomas, eds. Brunner-Mazel Publishers (80 E. 11th St., New York, N.Y. 10003), 1970, 585 pp., $15. Includes original work and review articles on current knowledge in this field.

The autistic child, by Newton Kugelmass. Charles C. Thomas Publisher (301 Lawrence Ave., Springfield, Ill. 62703), 1970, 371 pp. (American lecture series publication No. 766), $16.50. Presents information on childhood autism and explores the subjects of behavior, assessment of different kinds of disorders, pseudogenius, and clinical management.

Beyond the melting pot: the Negroes, Puerto Ricans, Italians, and Irish of New York City, by Nathan Glazer and Daniel P. Moynihan. MIT Press (77 Mass. Ave., Cambridge, Mass. 02139), 1970, 363 pp., 2d ed., $10. Describes events since 1963, when the first edition was published, and points out changes in social conditions.

Casework with wives of alcoholics, by Pauline C. Cohen and Merton S. Krause. Family Service Association of America (44 E. 23d St., New York, N.Y. 10010), 1971, 164 pp., $5. Reports on a study that explores methods of holding alcoholic wives in treatment, how to promote the treatment of alcoholic husbands, and how to prevent the disintegration of the family.

The child in his family, James E. Anthony and Cyrille Koupernik, eds. Wiley-Interscience (605 3d Ave., New York, N.Y. 10016), 1970, 492 pp. (International yearbook for child psychiatry and allied disciplines, vol. 1), $12.50. Specialists from several countries discuss the structure of the family and the psycho-social effects on the child.

Children of mentally ill parents: problems in child care, by Elizabeth P. Rice and others. Behavioral Publications (525 W. 120th St., New York, N.Y. 10027), 1971, 269 pp. (Community mental health series), $9.95. Examines the problem of children who need immediate help; evaluates resources available; and suggests a system that might solve the problem.

Cities in crisis: decay or renewal? Rudie W. Tretten, ed. Prentice-Hall (Englewood Cliffs, N.J. 07632), 122 pp., $3.16. Presents readings on the ecology of urban living such as pollution, housing, and transportation.

Community councils and community control: the workings of democratic mythology, by Harold H. Weissman. University of Pittsburgh Press (3309 Cathedral of Learning, Pittsburgh, Pa. 15213), 1970, 214 pp., $8.95. Develops a model for understanding how neighborhood councils and other voluntary civic organizations function and offers proposals for making them more effective.

The death of the family, by David Cooper. Pantheon Books (437 Madison Ave., New York, N.Y. 10022), 1970, 145 pp., $5.95. Suggests abandoning the traditional family and substituting other forms of human relationships.

Don't get sick in America, by Daniel Schorr. Aurora Publishers, Inc. (170 4th Ave., N. Rm. 619, Nashville, Tenn. 37219), 1970, 224 pp., $5.95. Describes the critical shortages in health care, high costs of medical care, and the plight of the poor when they are ill.

Drugs and youth: medical, psychiatric and legal facts, by Joseph H. Brenner and others. Liveright Publishing Corp. (386 Park Ave., So., New York, N.Y. 10016), 1970, 258 pp., $5.95. Poses questions on drugs, addictions, effects, and legal aspects.

Employee training and development in the public service, Kenneth T. Byers, ed. Public Personnel Association (1313 E. 60th St., Chicago, Ill. 60677), 1970, 372 pp., $9.95. Covers, in part I, the need and purpose of development and, in part II, methods and applications.

Faith in families, by Evelyn M. Duvall. Rand McNally (405 Park Ave., New York, N.Y. 10022), 1970, 205 pp., $4.95. Provides a guide to the modern family's emotional, psychological, ethical, social, and moral problems.

Family budget service for the use of social and health agencies in New York City, by the Budget Standard Service, Research Department, Community Council of Greater New York. The Council (225 Park Ave., So., New York, N.Y. 10003), 1970, 76 pp., $4. Provides data on living costs for self-supporting families of various sizes, for such items as food, medical care, and clothing.

Family interaction, by Ralph H. Turner. John W. Wiley & Sons (605 3d Ave., New York, N.Y. 10016), 1970, 505 pp., $10.95. First, studies the family unit as a small group; then considers the surrounding society and its influences on the family.

Federal funding and national priorities: an analysis of programs, expenditures, and research and development, by Leonard Lederman and Margaret Windus. Praeger Publishers (111 4th Ave., New York, N.Y. 10003), 1971, 213 pp., $15. Describes the trends in government allocation of fiscal resources, "highlighting *what is,* not necessarily *what should be*"; and considers national security, education, welfare, health, housing, environment, and so forth.

Financing the metropolis: public policy in urban economics, John P. Crecine, ed. Sage Publications (275 So. Beverly Dr., Beverly Hills, Calif. 90212), 1970, 632 pp., vol. 4, $20. Contains readings on the policies involved in providing goods and services; processes and problems connected with allocating the resources of local government; how the system affects the urban poor; and alternative methods of delivering services.

A guide to volunteer services, by Anne David. Cornerstone Library (orders to Simon & Schuster, Inc., 1 W. 39th St., New York, N.Y. 14830), 1970, 191 pp., $1.45. Contains practical advice on volunteer services.

Halfway houses: community-centered correction and treatment, by Oliver J. Keller and Benedict S. Alper. D.C. Heath and Co. (125 Spring St., Lexington, Mass. 02173), 1970, 203 pp., $9.50. Suggests remedies for criminal behavior and describes the group process of treatment, noting such items as leadership and staff, rules and sanctions, and costs.

Home ownership for the poor: a program for Philadelphia, by Charles Abrams and Robert Kolodny. Praeger Publishers (111 4th Ave., New York, N.Y. 10003), 1970, 225 pp., $13.50. Studies low income and minority problems and programs for improvement and reconstruction in Philadelphia.

The human factor in youth work, by T. R. Batten. Oxford University Press (1600 Polit Dr., Fair Lawn, N.Y. 07410), 1970, 170 pp., $3. Discusses cases used in short inservice training courses for workers, trainers, and administrators in England's Youth Service.

Insurance coverage for mental illness, by J. F. Follmann, Jr American Management Association (135 W. 50th St., New York, N.Y. 10020), 1970, 135 pp., $5. Discusses treatment facilities and services, paying for psychiatric care, insurance coverage and other kinds of protection, and future problems and questions.

Juvenile delinquency, by Henry T. Van Dyke. Ginn & Co. (Statler Bldg., P.O. Box 191, Boston, Mass. 02117), 1970, 119 pp., $2.12. Concerns aspects of delinquency that are violations of the criminal law.

Launching social security: a capture-and-record account, 1935-1937, by Charles McKinley and Robert W. Frase. University of Wisconsin Press (Box 1379, Madison, Wisc. 53701), 1970, 519 pp., $12.95. Gives the story of the organizational beginnings of social security.

Look at the family now, by Hazen G. Werner. Abingdon Press (Nashville, Tenn. 37202), 1970, 158 pp., $2.45. Notes three conditions that challenge family relationships.

Marijuana and your child, by Jules Saltman. Grossett & Dunlap, Inc. (51 Madison Ave., New York, N.Y. 10010), 1970, 123 pp., $3.95. Considers the history and dangers of, facts and myths about, and laws concerning the use of "pot."

Marriage counseling in the community, by W. L. Herbert and F. V. Jarvis. Pergamon Press (Maxwell House, Park Fairview, Elmsford, N.Y. 10523), 1970, 79 pp., $2. Offers a method of helping persons with marital problems and recommends books for further reading.

Medical care at public expense: a study in applied welfare economics, by Mark V. Pauly. Praeger Publishers (111 4th Ave., New York, N.Y. 10003), 160 pp., 1971, $13.50. Explores the economic efficiency of medical care delivered at public expense; makes some suggestions; and offers an analysis and criticism of the Medicare and Medicaid programs.

Medical care use in Sweden and the United States, by Ronald Andersen and others. Chicago Center for Health Administration Studies, University of Chicago (Chicago, Ill. 60637), 1970, 174 pp., $6. Presents a comparative analysis of medical care in Sweden and the Unites States.

Mental retardation and its social dimensions, by Margaret Adams. Columbia University Press (440 W. 110th St., New York, N.Y. 10025), 1971, 315 pp., $10. Examines the social needs of the mentally retarded and their families, and describes the role of social work in helping meet them.

The Mexican-American people, the nation's second largest minority, by Leo Grebler and others. Free Press of Glencoe (60 5th Ave., New York, N.Y. 10011), 1970, 777 pp., $14.95. This study by the Mexican-American Study Project at the University of California, Los Angeles, covers historical, cultural, religious, and family aspects of the Mexican-American people.

The Mexican-Americans: an awakening majority, by Manuel P. Servin. Glencoe Press (8701 Wilshire Blvd., Beverly Hills, Calif. 19106), 1970, 235 pp., $2.50. Discusses different aspects of Mexican-American life and society.

Minorities in textbooks, by Michael B. Kane. Quadrangle Books, Inc. (12 E. Delaware Pl., Chicago, Ill. 60611), 1971, 148 pp., $1.95. Reports on how publishers and authors of high school textbooks continue to neglect or distort the nature and problems of minority groups.

The nonprofessional revolution in mental health, by Francine Sobey. Columbia University Press (440 W. 110th St., New York, N.Y. 10025), 1970, 239 pp., $10. Describes nonprofessional workers and their work; discusses recruitment, training, and supervision; and considers new ideas in preventive care.

The nursing home and the aged psychiatric patient, by Bernard A. Stotsky. Appleton-Century-Crofts (440 Park Ave., So., New York, N.Y. 10016), 1970, 352 pp., $11. Reports on studies about the therapeutic management of emotionally disturbed persons in nursing homes to evaluate the effectiveness of rehabilitative treatment and to better deliver medical, nursing, and rehabilitative care.

Nursing in a community action agency: an experience with ghetto teenagers, by Eileen C. Hodgman. National League for Nursing, Inc. (10 Columbus Circle, New York, N.Y. 10019), 1970, 86 pp., $2.50. Describes nursing practice in a Negro ghetto.

Old-age politics in California from Richardson to Reagan, by Jackson K. Putnam. Stanford University Press (Stanford, Calif. 94305), 1970, 211 pp., $7.50. Describes proposals made between 1923 and 1969 to help elderly persons, both practical and impractical, including the Townsend Plan, Upton Sinclair's EPIC campaign, and the Ham and Eggs movement.

Parent effectiveness training: the "no-lose" program for raising responsible children, by Thomas Gordon. Peter H. Wyden, Inc. (759 3d Ave., New York, N.Y. 10017), 1970, 338 pp., $6.95. Describes a commonsense, democratic method of settling conflicts between parents and children that is "parent-tested and all but childproof."

The professional school and the university: the case of social work, by Herman D. Stein and Avis L. Kristenson. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1970, 93 pp., $3. Presents views on the relationship of professions to universities.

Recreation and leisure service for the disadvantaged, by John A. Nesbitt and others. Lea & Febiger (600 Washington Sq., Philadelphia, Pa. 19106), 1970, 593 pp., $12.50. Offers guidelines in providing satisfying recreation for minority groups.

Research, training and practice in clinical medicine of aging, L. Gitman and E. Woodford-Williams, eds. S. Karger (Box 352, White Plains, N.Y. 10602), 1970, 94 pp., (Interdisciplinary topics in gerontology, vol. . 5) $6.95. Updates a 1966 Semmering Colloquium supported by the National Institutes of Health and brings up "problems that are likely to get worse before they improve."

Social welfare in the South from colonial times to World War I, by Elizabeth Wisner. Louisiana State University Press (Baton Rouge, La. 70803), 1970, 154 pp., $5.95. Emphasizes the problem of poverty and relief for those in need of public aid, excluding dependent and neglected children.

Social work administration: a resource book, Harry A. Schatz, ed. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1970, 397 pp., $6. Presents papers on organizational structure, administrative processes, personal relationships, and budget and finance.

The state of welfare, by Gilbert Y. Steiner. The Brookings Institution (1775 Massachusetts Ave., N.W., Washington, D.C. 20036), 1971, 346 pp., $7.50. Explores politics, stability, and change in the Federal relief programs; discusses the aid to dependent families program, housing, food stamps, and the National Welfare Rights Organization.

Teaching and learning in social work education, by Marguerite Pohek, Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1970, 87 pp., $3. Explores the relationship between the student and the teacher of social work and the different phases of learning and teaching in social work education.

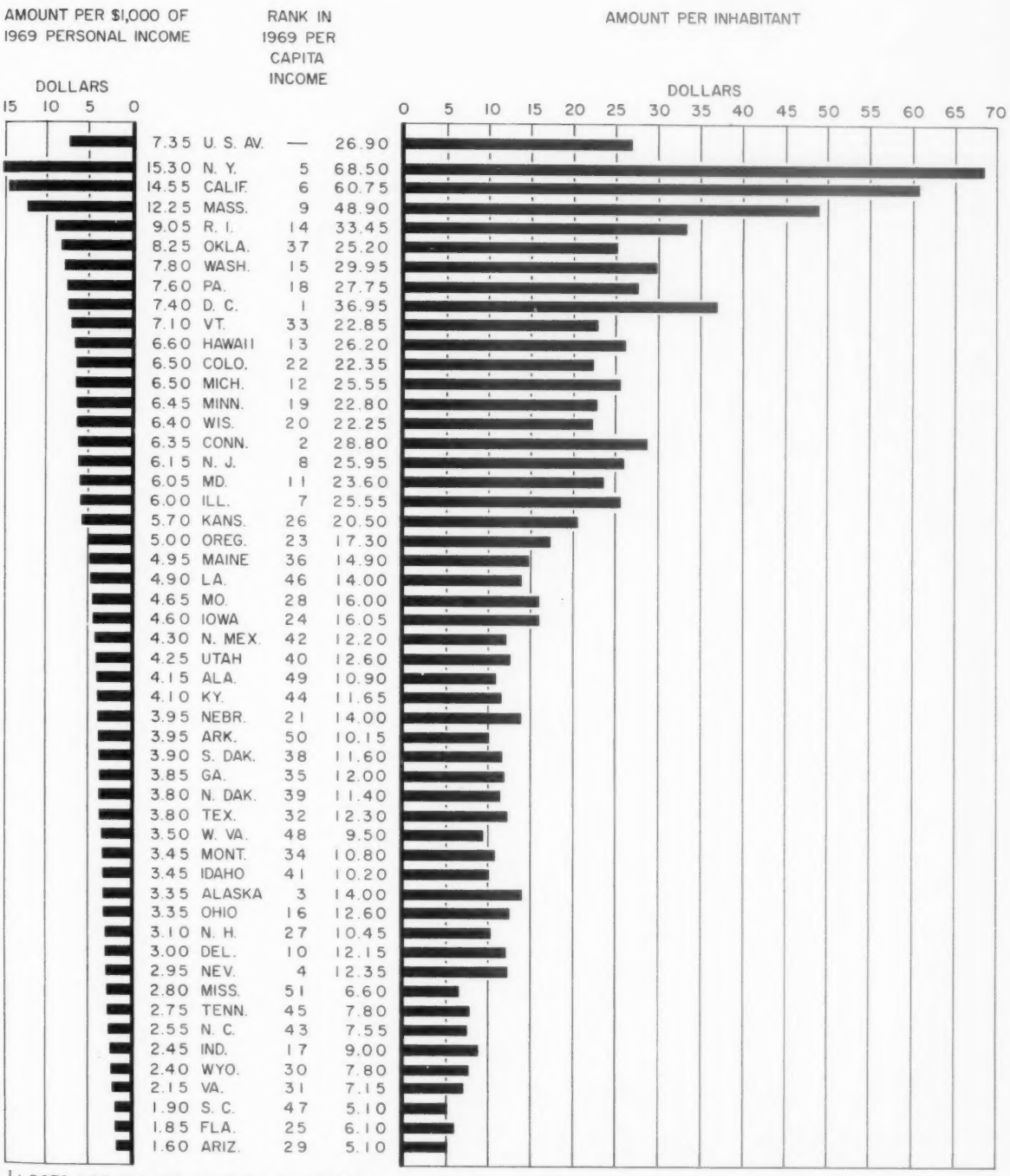
Teaching of practice skills in undergraduate programs in social welfare and other helping services, by Frank Loewenberg and Ralph Dolgoff. Council on Social Work Education (345 E. 46th St., New York, N.Y. 10017), 1970, 88 pp., $3. Presents guides to assist teachers in instructing students in the social welfare field.

Understanding social problems, by Albert Schaffer and others. Charles E. Merrill Publishing Co. (1300 Alum Creek Dr., Columbus, Ohio 43216), 1970, 358 pp., $3.95. Describes certain social problems, their causes and effect: race, education, public welfare, health, and so forth.

Urban power and social welfare, by Richard E. Edgar. Sage Publications (275 So. Beverly Dr., Beverly Hills, Calif. 90212), 1970, 224 pp., $8.95. A case study of who controls social policy in St. Louis; considers corporate and community welfare, sectarian organization of social welfare, and political organization of social policy.

U.S. GOVERNMENT PRINTING OFFICE : 1971 435-474/6

EXPENDITURES FOR FEDERALLY AIDED PUBLIC ASSISTANCE 1/ FROM STATE AND LOCAL FUNDS, FISCAL YEAR 1970 2/



1/ DOES NOT INCLUDE GENERAL ASSISTANCE.

2/ EXCLUDES GUAM, PUERTO RICO, AND VIRGIN ISLANDS; INCOME DATA NOT AVAILABLE.

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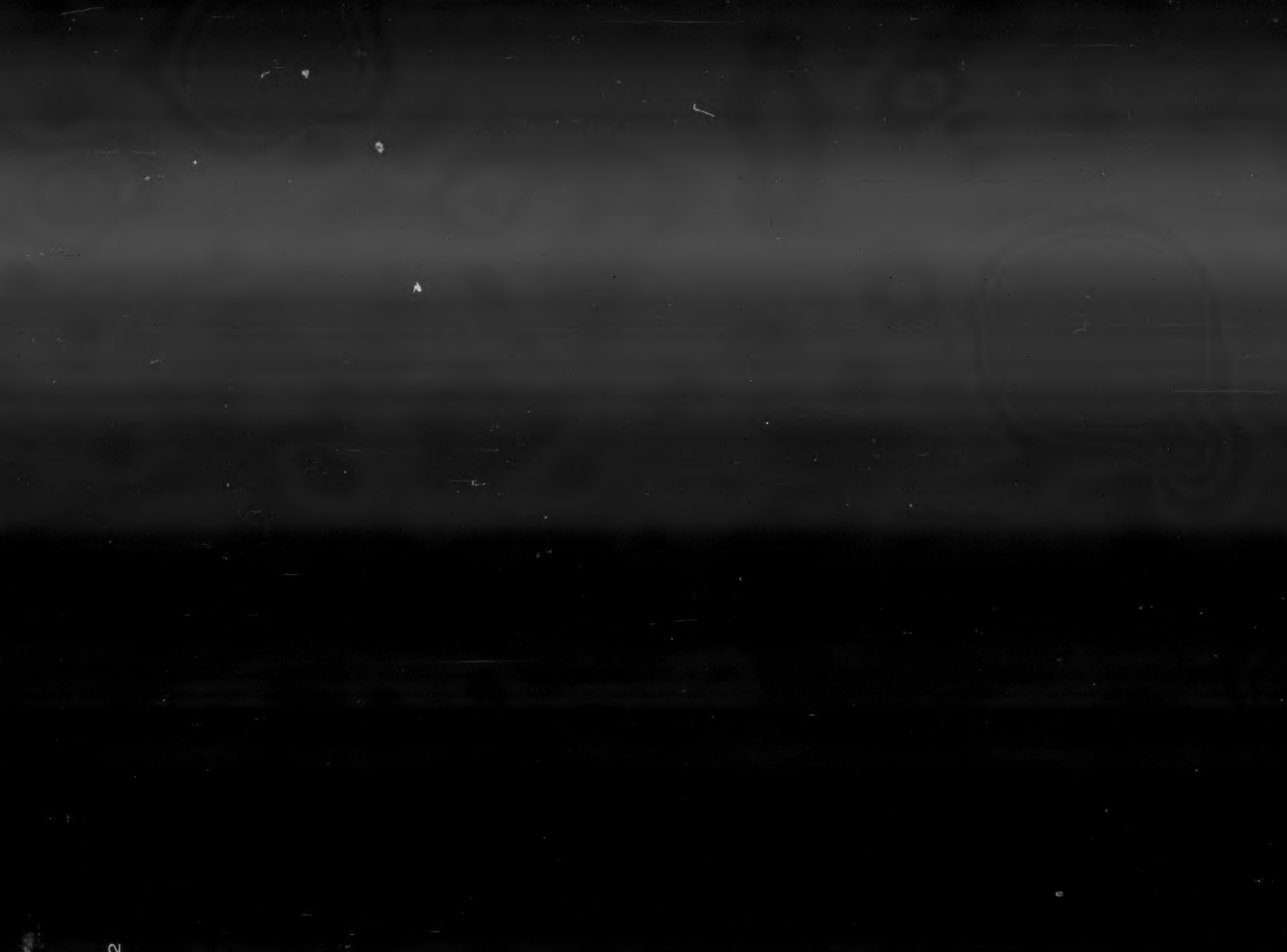
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